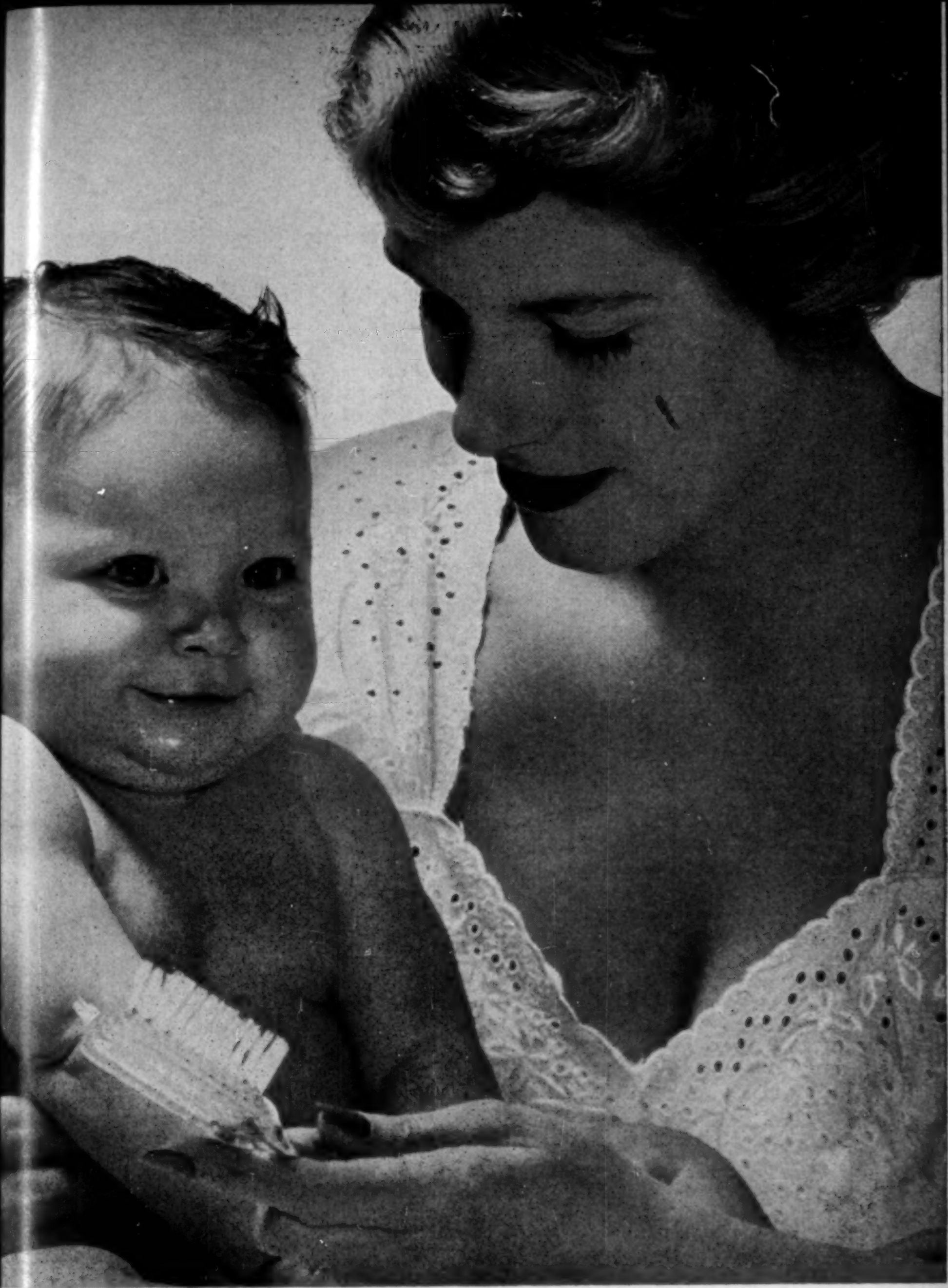

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Christmas is a time of family reunions, of happiness and gay greetings, of gift giving and receiving, of fun and games. When your turn comes to propose the next guessing contest, we suggest that you inquire how many can name the ***emblems*** of our ten *Canadian provinces.* We wager that very few persons you ask will be able to name them all. So that you need never be stumped by something we all should know, here is the list:

Alberta — Wild rose
British Columbia — Dogwood
Manitoba — Crocus
New Brunswick — Purple violet
Newfoundland — Caribou
Nova Scotia — Trailing arbutus
Ontario — White trillium
Prince Edward Is. — Lady's slipper
Quebec — Maple Leaf
Saskatchewan — Prairie lily

* * *

This month we conclude the reports from the 1954 biennial convention with the presentation of the papers presented during the discussion on the broad topic — ***The Nurse and Social Security.*** Ably chaired by **Geneva Purcell,** convener of the C.N.A. Committee on Personnel Relations, the presentation evoked greater interest and produced more questions than any other session of the entire convention. The revamping of the C.N.A. Constitution and By-laws was important but it was largely a matter for the voting delegates to ponder. The problems of meeting the tremendous demand for nursing care for the mentally ill, though serious, did not stir much more than a ripple. But, personal economic security! How could any nurse fail to be interested? The same concern over their personal welfare is shared by the thousands of nurses young and old, who were unable to hear the original presentations.

* * *

The interpretation of the ***nurse's legal responsibilities*** in patient care is interwoven into the paper that **Dr. A. L. Swanson** presented during that same panel. At first glance you might wonder what relationship exists between this topic and the concept most of us have of the meaning of "personnel policies." It is important for us to realize that these are but different faces of the same problem. The capable nurse merits adequate salary, suitable working conditions and hours, and all the other amenities that personnel policies provide. But, by the same token, the employing hospital or agency has a right to demand of her the very best in skilled performance so as to avoid the possibility of legal involvement. Read Dr. Swanson's paper and think it over carefully.

As stated in the footnote to his article Dr. Swanson has taken up a new post as administrator of the new, 550-bed, most carefully planned teaching hospital at the University of Saskatchewan. The developments that will accompany the opening of the school of nursing there will be watched with interest as another pattern is demonstrated.

* * *

Are you a "hibernator"? A current little filler from the Department of National Health and Welfare reads: "Hibernation suits certain animals but it isn't good for humans. People in normal health should get out of doors in winter to enjoy plenty of fresh air and exercise." We know a lot of nurses who shun the out of doors once winter is upon us. They cannot attend chapter meetings because it is pouring rain (in Vancouver or Saint John), or freezing cold (in Edmonton or Winnipeg), or snowing too hard (in Toronto or Montreal). At all the other places similar appropriate alibis turn up. We looked up the dictionary's definition of "hibernate" and decided we would forego alibis! "To pass the winter in close quarters, in a torpid or lethargic state." Torpid! Lethargic! Horrible words! Don't be a hibernator this winter.

* * *

We have had a request from a general hospital, that has bound many of the back copies of *The Canadian Nurse,* for the issues of June, August and October of 1943. We have none on hand for those months. In fact, our reserve supply for all of the issues of 1941, 1942 and 1943 is very slender. If some of you have those old issues on hand and have no particular use for them, we would be very pleased to receive them to pass on to that hospital.

All the best for Christmas and the New Year from all of us to all of you.

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Administration—Using warm water, massage lather on affected areas, with fingers, cloth, or facial brush as indicated. Rinse warm, then cold. Dry and apply medication, if any.

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Description—Each tablet contains:

Corophyllin—N (hydroxyethyl-theophylline)	100 mg.
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Mephenesin	100 mg.
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Indications—For the symptomatic and prophylactic treatment of angina pectoris, especially where anxiety and tension are present.

Administration—One or 2 tablets 3 or 4 times daily after meals, or as prescribed.

CORTIFAN CREAM

Manufacturer—Schering Corporation Limited, Montreal.

Description—10 mg. Hydrocortisone, as the free alcohol, per gram.

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Administration—Carefully clean the involved skin area. Then gently rub in a small amount of Cortifan cream. If desired, cover with sterile gauze.

'DEXAMYL' SPANSULE CAPSULES No. 1 and No. 2

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Description—*No. 1:* each capsule contains dexedrine sulfate (dextroamphetamine sulfate), 10 mg., and amobarbital, 1 gr. *No. 2:* each capsule contains dexedrine sulfate (dextroamphetamine sulfate), 15 mg. and amobarbital, 1½ gr.

Indications—To provide relief from common symptoms of mental and emotional distress characterized by: discouragement, apathy and pessimism; sorrow and depression; anxiety, nervous fears, and phobias; irritability, excitability and agitation; reduced capacity for work; sensations of weakness and exhaustion, undue preoccupation with vague somatic complaints; unsociability and loss of interest. Also useful in weight reduction when mental and emotional distress is the cause of overeating, and is a valuable adjunct in the treatment of alcoholism. **Spansule** capsules provide (1) continuous effect throughout the day with one oral dose, (2) uniform and sustained action, (3) convenience of single dose.

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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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Indications—For the modification of or protection against measles and for the prevention and attenuation of infectious hepatitis.

Administration—*Measles;* Modification: Use 0.02 cc. per pound of body weight. Prevention: Use 0.1 cc. per pound of body weight. For modification or prevention the above procedures should be followed, if given within the first 6 days of the incubation period of the disease.

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This preparation should not be used for intravenous injection, but may be used either subcutaneously or intramuscularly.

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Manufacturer—Christiaens Pharmaceuticals (Canada) Ltd., 1223 Green Ave., Montreal.

Description—Sedative, antispasmodic. Each tablet contains Butabarbital sodium 15 mg., sparteine iodomethylate 20 mg., perparine hydrochloride 25 mg.

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Administration—Usual dose 3 to 4 tablets daily between meals, taken with a little water.

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Administration—In anal pruritus and after anorectal operations, used to replace harsh toilet tissue. Also used as a dressing as directed by physician.

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Administration—Thoroughly massage the cream into the affected area until no excess remains on surface. Repeat up to 4 times daily. Area may be left uncovered.

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PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

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MONTREAL, DECEMBER, 1954

Daylight in the Mind

ONE OF THOSE WRITERS of short, pithy epigrams has come up with a sentence that strikes home, particularly at this season of the year — "Try to spread happiness where not when you go."

Happiness — what is it? How can it be spread? Is it just a state of mind that can be acquired at will? How can a person who is in great pain, who has heavy worries or sorrow, who has little of this world's goods, even be encouraged to search for any happiness? How can a nurse, herself obsessed by problems she tries to conceal, spread happiness to others? What is happiness?

The Royal Bank of Canada *Monthly Letter* for May, 1954, was devoted to this topic. Their definition of happiness may serve us as a starting point:

> Happiness arises largely from the mental qualities of contentment, confidence, serenity, and active goodwill. It includes the pain of losing as well as the pleasure of finding. It thrives best in a crowded life . . .
>
> Happiness consists of two kinds of behavior: active and passive . . . the active part consists in searching and sharing, while the passive part is made up of security and possession.

Searching and sharing! We can only "share" that which we actually possess. Our first goal, then, is to search for and achieve personal happiness. We cannot go to the notions counter and purchase a happiness measuring rod to use as a gauge. We can, however, assess our assets and liabilities in an objective self-appraisal, neither glossing over our faults nor inflating our virtues. We should answer the questions we ask ourselves in complete honesty for this is a private catalogue that we will not display even to our best friends. Having sorted out our thinking successfully, we might next remember the sage words of Anatole France:

> The time God allots to each one of us is like a precious tissue which we embroider as we best know how.

Do we lack true contentment? Have we confidence in our own ability? Joseph Addison wrote:

> Mirth is like a flash of lightning that breaks through a gloom of clouds and glitters for a moment; cheerfulness keeps up a kind of daylight in the mind and fills it with a steady and perpetual serenity.

Happiness, though it may be surrounded by pain, grief, poverty or any other form of trouble, will spread when it permeates our way of life. This sharing can be our greatest gift to those around us this Christmastide.

A very happy Christmas to all!

The Nurse and Social Security

DONALD CAMERON

ONE OF THE CHARACTERISTIC and significant developments in modern society is the increasing tendency to a higher degree of professionalization in every type of endeavor. Every group and profession today is increasingly concerned with strenghthening its position in society. Non-professional groups are trying to secure more professional status by insisting that their members possess certain standards of education, character and ethics, and that they follow approved practices in the exercise of their duties or business.

Among professional groups the tendency is towards increasingly higher standards of training, a greater degree of specialization, and a higher degree of group organization. The nursing profession is no exception to this general trend. As one of the great public service professions in our society, the nursing profession's place in our social structure will be judged by the manner in which its members discharge their responsibilities at both the individual and institutional levels.

In a time when there is serious shortage of personnel in the profession, and when the expansion of various community, provincial and national health programs is likely to perpetuate and aggravate that shortage, there may be some merit in examining what can be done to strenghthen the group as a profession, to attract more people to it, and to retain the membership for a longer time once they have joined it.

The present situation suggests that one of the most fruitful sources of improvement would be to pay more attention to the management function in the profession. The nursing profession is a business today as well as a profession. It is not only important business but it is *big* business. It might be that more attention to the principles of management might produce beneficial results.

Societies live and advance through the development and application or utilization of their resources. The greatest and most complicated of these resources is manpower. It is also the most valuable. The manpower management function, the planning, direction and control of human resources in employment must be performed in all societies. It is essential in every type of employment — for every occupation and industry, for every type of employed manpower.

Manpower management takes place in government as well as in private employment, under socialism or communism, in small business and in large. The development, allocation, utilization and conservation of human resources through their employment is a continuing, inevitable process in modern societies.

From the standpoint of personnel management, the type of training which those in a management capacity must have is best illustrated by the functions which must be served. These are:

1. Discovering, selecting, securing, allocating and placing manpower.
2. Controlling such working conditions as wages and hours in order to make the best possible utilization of the services of personnel on various jobs.
3. Providing various services to em-

Mr. Cameron is Director of Extension, University of Alberta, Edmonton.

ployees, seeking thereby to encourage self-improvement and increased efficiency.

4. Maintaining personnel records and personnel research.

Manpower management is the one ingredient that cuts across all divisions of management and it is believed that the professional manpower, or a personnel manager, will play an increasingly important role in the top executive positions of the future.

Having said this, it might be well to stress some of the specific duties which have to be carried out in order to achieve the maximum returns from personnel. These might be listed briefly:

1. *Recruitment:* How effective are the methods of recruitment for the nursing profession? Is the task of recruitment being handled in an organized, systematic way, or is it on a hit-or-miss basis?

2. *Orientation and motivation:* The candidate's attitude towards the profession and her length of time in it will be determined by her motivation in selecting the profession above others, and by the orientation towards it that she is given during the training process. Is enough attention being paid to these factors during the formation period?

3. *Professional training:* Nothing will be said here about the detailed professional training other than to raise the question: Should more attention be given to training the nurse for her role as an extension agent in the field of public health? Does the present training make adequate provision for the candidate's role in public relations and in public education?

4. *Job training:* One of the main causes of inefficiency in both public service and industry today arises from lack of definition of the job to be done. Are we being sufficiently specific in setting forth in detail exactly what is expected of a candidate in a particular job-situation, and are we making sure that the candidate understands what the specifications mean?

5. *Participation:* Is sufficient attention being paid to insuring that the individual sees her place in the organization? Does she have a clear understanding of where she stands in the hierarchy of employment — those she is responsible for and those she is responsible to?

6. *Organizational structure:* Does the individual have an understanding of the over-all organization of the unit and is she familiar with the lines of authority? To get the best results and to maintain the most effective morale, the individual must have an appreciation of the over-all organization and the importance of her position as a contributing member of the team.

7. *Supervision:* The group or division supervisor has an important role in creating and maintaining attitudes of personnel. The supervisor must understand that there are fundamental differences between people in a wide variety of traits and characteristics such as: mechanical and clerical aptitude, work pace, toleration of adverse conditions, etc. There must be understanding, discipline and mutual respect, as well as adequate provision for effective communication.

8. *Communication:* It is probably true to say that any program of personnel relations is only as good as its communications. Here again, is another great source of failure in modern business organization. The lines of communication, up and down, must be clear and specific at all times. The effectiveness of communication will depend on:

(a) The length of the line (how many people it goes through).

(b) The media used (wall board, intercommunication house organ, etc.)

(c) The attitude of the transmitter.

(d) The attitude and receptiveness of the receiver.

(e) The intensity of the communication — repetitiveness, etc.

The foregoing are a few of the more important factors that will influence the personnel relations and attitudes in any given organization. They apply to an industrial concern, whether it be large or small. They apply with equal force in a public service organization such as the nursing profession.

Recent experiments at Chicago University showed that children in the operating theatre react very well to light, amusing compositions, such as Prokofieff's "Peter and the Wolf." Adult patients seem to prefer popular love songs.

Some Legal Responsibilities in Hospitals

A. L. Swanson, B.A., M.D., M.H.A.

During the past few decades we have been privileged to witness tremendous social and scientific change. Great progress has been made in science, industrial development, agricultural methods, the general standard of living and in the health and welfare of the people. However, as we have made progress in these fields, so the complexity of modern techniques has demanded and evolved a much more complicated system of controls and safeguards.

As medicine, nursing and hospital care have improved, the outlook of the average citizen has changed. Yesterday he entered hospital *hoping to get better* — today he enters hospital *expecting to be cured*. Indeed, no matter how critical the injury or illness, today's citizens may look with disappointment, if not with some suspicion, on any care that does not produce the miraculous results described in popular publications.

Concurrent with the marvellous advances in the treatment sciences has come a change in the social picture. Hospitals were formerly, to a large extent, charitable institutions. Likewise, the doctor and the nurse were expected to give, and did give, unhesitatingly of their time and skill with little financial reward. Gradually, as welfare, educational and other social programs have required larger sources of taxation revenue, large personal incomes have been reduced so that fewer and fewer persons are in a position to contribute to hospitals. Likewise, hospital insurance, by enabling more patients to pay their bills, has contributed to the trend for hospitals to operate on a straight, non-profit, business basis with less support from charity. At the same time, the family doctor is giving way to the specialist, much home practice is now hospital practice and the difficulties in meeting modern living costs have forced doctors and nurses to require more substantial incomes.

Dr. A. L. Swanson

These and other related changes have meant that hospitals are now considered in the same position as other employers of labor and are therefore held legally responsible for their actions and, in many cases, for acts of their employees. Likewise, the doctor and the nurse, who were often in the category of personal friends and advisers, now tend to be regarded more as highly skilled but relatively impersonal persons who, like any other contractor, may be sued for damages. Knowledge of the responsibility which rests on a principal and on an employee has thus become of great importance to all who care for the sick. Grave responsibility is yours as nurses whether you practise in an institution, a government department, or in private duty.

As many of you know, there are several types of law. *Criminal law* relates to offences considered injurious to the community as a whole. The object is punishment of the offender and the punishment can be remitted

---

Dr. Swanson was executive director of the Canadian Hospital Association at the time this paper was delivered. On October 1, he became the administrator at the new University of Saskatchewan Hospital in Saskatoon.

only by the Crown. *Civil law* is the name for that part of the law that is not considered to fall within the criminal law. The object, broadly stated, is to adjust the rights of individuals. *Common law* (sometimes called the unwritten law), consists of the rules of law developed and evolved by the judges in the courts. Thus, a decision rendered in one case is used as a precedent in common law for future decisions on similar types of cases. *Statute law* is written law consisting of express enactments by legislature or by parliament.[1]

The technical and social evolutions of recent years, with the increasing need for methods of control and regulation, have thus placed the hospital increasingly in need of competent legal advice. Provincial and federal statutes govern the very origin of a hospital as well as its construction and operation from day to day. Likewise, the hospital staff must be alert in order that certain phases of criminal law not be invoked, although when such cases do occur it would probably be an individual rather than the institution that would be charged. In this latter regard I could mention the close check that must be kept upon narcotics.

While statute law is of vital importance to the proper administration of a hospital and while criminal law may be of concern upon occasion, the civil laws regarding hospital and personal liability are of greatest interest to most of us employed in hospitals. When is the hospital liable for the actions of its medical staff, nursing staff, or other employees? When is the individual alone responsible?

Various acts by an individual or organization which may result, without just cause, in some form of harm to another individual are referred to as *torts* (French — wrong). The injured individual has a civil action for tort — a claim for monetary compensation.[1] A tort may be defined as "a civil wrong for which the remedy is a common law action for unliquidated damages and which is not exclusively the breech of a contract or the breech of a trust or other equitable obligation."[2] Negligence, assault, conversion of property and defamation are forms of tort which are of particular interest to hospitals and to all of us who practise therein. The decision as to whether the employee or the employer is liable is based upon what we call the *"master-servant relationship."*

When one person performs services for another, whether it be for an individual, partnership or corporation, one of two relationships may arise. If the relationship is one of employer and employee the master as well as the servant becomes liable for personal injury and property damage which may occur in the course of duty. If the relationship is one in which the employed individual is an independent contractor, he or she is then alone liable for any tort that may arise.[3] I should add that the word "servant" in no way denotes that the individual concerned is a menial servant but is used in the broad sense, i.e., a civil servant, railroad servant, et cetera.

On the basis of the master-servant relationship you will realize that the registered nurse and others employed on the hospital staff are in the legal position of servants, whereas the private duty nurse, like the private practising physician, is an independent contractor and liable for her own actions. Student nurses, while on a different level professionally to either the staff nurse or private nurse, are regarded as employees for legal purposes.[3,4] During the period that the student nurse performs services for the hospital she is an employee of the institution.

It is of interest to note that the liability of the graduate nurse and other professional persons employed in the hospital is now much more commonly assigned to the hospital, as the master, than previously. Formerly, the professional employee was personally liable and the hospital exempt for injuries that occurred as a result of professional activity, e.g., measuring or dispensing drugs, giving a hypodermic injection, et cetera. Provided due care had been exercised by the hospital in appointing qualified personnel, the hospital was not liable for professional acts of nurses. Administrative or ministerial duty was distinguished from strictly professional duty. Thus, in making a patient's bed, feeding a patient, or in other related activities, the nurse was regarded as the servant and the hospital was responsible for any contingency.[4,5,6] This distinction has been lessened and may be entirely abolished by an English case wherein it was judged that the obligation of the hospital is not discharged merely by the appointment of qualified and competent staff, and that a hospital does undertake maintenance, treatment and nursing and carries out, by the hands of its servants, the obligations assumed. Although this trend protects the nurse at the expense of the hospital it is perhaps a little sobering to consider the indirect effect upon the status of the nurse in the eyes of the law.

From the various definitions given you will realize that legal responsibilities in hospitals are many and varied and that there is a wide variety even under the one section on torts. Therefore, I shall confine myself to tort and specifically to the tort of negligence and illustrate the position of the hospital and its staff by quoting from a few legal case histories.

The first case illustrates the liability of the hospital for negligence of a student nurse.

> A five-month old infant was admitted as a patient to the hospital of the defendant municipality and was injured as he rolled off the scale while the student nurse was engaged in gauging his weight. The infant rolled off the table and onto a hot radiator suffering burns. It was held that the action be allowed and damages were assessed. The opinion was that the nurse was negligent in not having her hand close enough to the child to prevent the accident, especially when there was no protection between the outside edge of the table and the radiator. "The defendant municipality as owner of the hospital is responsible for the action of its employees."

Case number two also demonstrates the liability of the hospital for the acts of its nurses.

> The plaintiff suffered heavy burns on her heels when placed in an anesthetic bed containing hot water bottles. She sued the hospital and it was held that negligence consisted of:
>
> 1. Failing to test the hot water bottles with thermometers.
> 2. Placing the hot water bottles in the bed without the express order of the attending physician.
> 3. Placing the hot water bottles in direct contact with the feet of an anesthetized patient.
> 4. Not making periodic checks of the hot water bottles in the bed.
> 5. Not having a nurse in almost constant attendance on a patient coming out of a spinal anesthetic.

The hospital was held responsible for the action of its nurses and damages to the amount of approximately $5,000 were awarded the plaintiff.

Case three illustrates a judgment of joint liability of the hospital and its nurses for a professional act and demonstrates that even professional dispensing of drugs may be considered a responsibility of the hospital.

> A person, having a contractual right to medical services by a doctor and to hospital care in a hospital, entered the hospital for treatment of a dislocated thumb. The doctor prepared to set it under a local anesthetic and was assisted by nurse A, an employee of the hospital. He asked A to get some novocaine, and A in turn asked nurse B, also an employee of the hospital and in charge of drugs at the time, for the novocaine. B gave A a labelled bottle and A, without examining the label, gave the bottle to the doctor who injected some of its contents into the patient's thumb. The bottle contained adrenalin and the patient died within a short time. It was held, that both A and B were liable for their respective failures to take care in supplying a dangerous drug. The doctor was not negligent in failing to look at the label since in such a routine matter, and in the absence of facts to put him on inquiry, he was entitled to rely on experienced nurses. Nor was he liable on the doctrine of *respondeat superior,* but the hospital was liable since the negligent nurses were acting in the course of their employment and had not, at the material time, passed under the control of the doctor. Moreover, the hospital's contractual obligation was to supply not

only nurses but nursing services.

The damages in this case were fixed at $10,000 and the judgment was against the defendants — the hospital board, nurse A and nurse B — for this amount plus costs.

Case four shows still more clearly that the hospital may be judged responsible for the professional acts of its servants.

> A patient was brought into the defendant hospital's emergency ward following an automobile accident. He was examined, given minor emergency treatment and had x-rays taken of his neck because he complained of pain in that area. The interne on duty called the patient's family physician for instructions. He did not call in a special consultant to read the x-ray although such service was available on call. The interne read the x-ray to the best of his ability and reported to the family physician that he could discover no abnormality. The family physician did not see the patient and he, being anxious to return to his home, was released from hospital. The following day, when seen by another physician, and in the light of expert interpretation of the x-ray, the patient was immediately returned to hospital suffering from a broken neck. The patient died a day or two later. It was held, that the interne in question was negligent in undertaking to interpret the x-ray film without taking the opinion of an expert radiologist thereon before reporting his findings to the patient's physician and in suggesting that the patient's condition warranted his discharge, and that the patient's death, after being returned to the hospital, was the result of said negligence.

This verdict has been upheld upon appeal. Damages to the amount of $44,000 were awarded the deceased's widow, small son and mother and were assessed against the hospital.

From the foregoing it is evident that the hospital, doctor, and nurse, as highly respected practitioners in various aspects of the healing art are also held responsible for untoward results. It goes without saying that hospitals, doctors, nurses, and others in the health field are offering far better standards of care than ever before. Yet, at the same time as our standards of care have improved and our ability to serve the people has expanded, many other responsibilities have been added. In providing the best and safest possible care for our patients' welfare it is important to remember that everyone connected with the hospital has a part to play in maintaining standards of care that place the organization and the individual beyond reproach, not only legally but morally as well.

One of the safeguards for the organization and for the individual is liability insurance which should be carried by every hospital and every practising physician and nurse. More important, however, is the need for carefully thought out rules of procedure which will tend to prevent the occurrence of unexpected and undesirable events. Perhaps these few illustrations will serve to explain why there are so many rules and regulations that must be followed by the hospital, doctor and nurse. Whether you are a student nurse, a graduate nurse, or someone in charge of a department in the hospital, it is well to remember that you cannot permit yourself to be careless or neglectful in any way. Neither can you permit anyone else to be lax in the performance of their duty. Too much is at stake — your reputation as a nurse, the good name of your hospital, and the moral and ethical responsibility which rests on you and your profession.

REFERENCES

1. Buchanan, Nelles V. Elementary Law, Parts I and II. *The Canadian Hospital,* November, 1951, p. 29, and December, 1951, p. 40.

2. Salmond, W.D.S. Law of Tort. Fleet & Maxwell Ltd., 10th ed. p. 7.

3. Hayt, Emanuel; Hayt, Lillian R., and Groeschel, August H. Law of Hospital, Physician and Patient. Hospital Textbook Co., New York.

4. Speller, S. R. Law Relating to Hospitals. H. K. Lewis & Co., Ltd., London.

5. Fidler, Nettie D., and Gray, Kenneth G., Law and the Practice of Nursing. The Ryerson Press, Toronto.

6. Gray, Kenneth George. Law and the Practice of Medicine. The Ryerson Press, Toronto.

An Administrator Considers Personnel Policies

MARION MYERS

AN ADMINISTRATOR, even in a somewhat restricted field of activity, will still find it impossible to escape the influence of that broader environment from which the individuals, engaged in any form of nursing, are drawn. It seems to matter little whether they are from the professional or non-professional group. All seem to be affected in varying degrees by certain underlying influences in society which, directly or indirectly, add to the administrative problems of today. A most superficial view of this whole matter quickly brings into focus such environmental factors as:

Fear: So very prevalent today in a world still experimenting with the tools of its own destruction. This fear factor breeds such reactions as the persistent search for security in which everyone is to some extent engaged, together with a sort of restlessness, manifested in frequent changing of employment. This is, of course, most prevalent among the non-professional workers but is by no means confined to that group.

The old social evil of *exploitation,* not yet completely overcome has in turn given rise to a growing emphasis on "The Rights of the Common Man." A democratic principle truly, but when given a most liberal interpretation, this drive has resulted in marked changes in the employment pattern relative to privilege and liberty, worth and contribution, satisfaction and respect.

In the more domestic sphere of the institution itself, the administrator must reconcile such qualities as:

Tradition, with its strong grip on the past.

The *economic status* imposed on the institution by the community.

The inescapable influence of the restricted vision of many in the employee group, especially in such matters as *promotions.* The administrator's recognition of latent or inherent potentialities possessed by the few if neglected would not only be frustrating to the individual but wasteful to the institution.

There are ever-recurring waves of competition, both from within and without the nursing orbit itself. To the staff these represent the never-fading green of distant fields. Consequently, the administrator in any enterprise, including nursing, must find a way whereby the standards of service are maintained without infringing on the welfare and social demands of the staff.

Against this complex background personnel policies have evolved. Although they stem as much from the fear and security urges as from the humanities, they do hold for the employer-employee relationship certain elements of understanding and justice, respect and consideration for the rights and responsibilities of one another. Let us look at the chief fundamentals which both employer and employee might reasonably expect such policies or terms of agreement to contain:

For the employee:

1. Understanding of the job and its responsibilities.
2. Opportunity to advance in keeping with her potentialities.
3. Time to live more fully.
4. Guarantee of financial security through salary increments and superannuation agreements.
5. Provision for some form of insurance in case of illness.

For the employer:

1. Stability of service.
2. Expectancy of a good quality of performance, together with a willingness to accept responsibility which the very nature of the work implies.
3. Honesty in such matters as sick time allowances, punctuality, use of equipment and services of the institution.
4. Loyalty in relation to dissatisfac-

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tions. These can so quickly become trouble spots.

All such policies, or terms of agreement must make provision not only for registered nurses, but for the many assistant groups — practical nurses, nursing aides, ward secretaries, orderlies, etc. Apart from the licensed practical nurse, it is unlikely that these non-professional groups have affiliations with any organizations relating to their practice except in those institutions where the all-embracing arm of organized labor is alert to their unattached status.

For the best interests of all, quite apart from the efforts of any bargaining agent, the administrator must see to it that proper employment policies are never left to chance. This will include not only clear and considerate terms but, in addition, that leaven of mutual fair play and respect, recognizing that on both sides there is a responsibility toward a common goal.

This mutual trust seemed more easily maintained in the past when less emphasis was placed on leisure and security. It was developed through a greater degree of permanency that gave employees time to acquire that sense of belonging which brings a satisfaction experienced in no other way.

Finally, the administrator must be prepared to meet and accept the social influences, restlessness and change which are all about us. As far as possible she must try to provide for:

1. Continued movement of staff. This is not always indicative of dissatisfaction: it is a trend of the times.
2. More emphasis must be placed on good business methods. Employees expect and have a right to know just where they stand. The employment of more married women who are very conscious of the need for good budgeting in their homes, makes this whole matter all the more important.
3. Benefits and salary scales must be consistent with other fields of employment.

Such a program is not only in keeping with present business and social procedure, but is our best safeguard for the stability and happiness of our employees. Both of these factors are indispensable in maintaining a satisfactory service for those coming under our care.

Hospital Personnel Policies

WYELLA MONTEITH

IT HAS BEEN RECOGNIZED that staff nursing is an art in itself. Some nurses are fitted for general duty work, enjoy it, are successful in it, and have no desire for executive positions. There are many who find ample opportunity to perfect and develop unusual ability in this field and prefer it to all others. There must always be the followers, or the leaders would have no one to lead!

However, much of the satisfaction the nurse feels depends upon the cooperation of the employer in insuring sound personnel policies that will encourage her to stay in institutional nursing. Some of the provisions she expects to find in her hospital employment are:

Proper interview and full explanation of policies.

Pleasant and good working conditions and security.

Assurance of fair treatment.

Opportunity for advancement, if so desired.

Chance to express her ideas and recognition of her work as an individual.

Adequate salary.

Reasonable and fair supervision.

The *initial interview* of the staff nurse with the nursing director is most important. The policies of the hospital

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should be fully explained and thoroughly understood by the employee. Policies should be in writing and a copy given to each employee. During the interview the nurse receives her first impression of the hospital, its organization, administration, and its public relations — be they good or bad.

A *period of orientation* for new nurses is essential. A planned tour is made to the departments that she will frequent. This gives her an opportunity to meet the head of each service. Then she should be taken to the ward where she will work and be introduced to the staff members. The head nurse completes the orientation program as the newcomer begins her duties.

Because of the surplus of positions, older nurses are returning to work after many years of absence. Many of them take advantage of refresher courses. No nurse need return to work feeling inadequate and out of place.

The *working hours* per shift and per week should be definitely stated and adhered to. There should be definite rotations for all. Everyone knows that night duty has to be done but each one should take her turn. The employment of young married nurses who are not willing to do their share of night work has caused much dissatisfaction and resentment among staff members.

The general staff nurse's duties have changed with the introduction in many hospitals of *team nursing*. She now takes part in the planning and administration of the activities in the unit in which she works. The team leader is a general staff nurse who often must learn the principles of leadership.

To create and hold her interest in nursing within her hospital, there should be a program of planned *in-service education*. This may take the form of monthly meetings, with guest speakers, demonstration of new procedures or the presentation of new drugs and treatment. An organized biweekly program should be drawn up at the first of the year and posted for the information of all staff members.

Salaries: In some cities, salaries may be considered by a group of hospital authorities jointly. Where this is done the salary levels of the various hospitals within that area are comparable. On employment, the nurse should find out the gross pay whether payment is made monthly, or biweekly, and what deductions are made. There should be substantial, periodic increases based on merit. Definitely, length of service should be recognized.

The amount of *sick leave* should be noted and whether or not this time may be accumulated. Pre-employment and annual *physical examinations* should be a requirement.

Vacation time allowance in most hospitals does not meet the recommended 28 days. Seniority should be given some preference as to date and length of time allowed. The actual number of *statutory holidays* should be listed. There should be a definite policy on *overtime*. Most hospitals do recognize *leave of absence* for advanced education.

Policies regarding *termination of employment* should be fully stated and length of notice should be known by all the staff.

Economic security is a topic of general concern to everyone. There are various means of assuring greater security:

> Hospital and medical insurance to cover illness and disability.
>
> Pension scheme provided by employing the agencies.
>
> Individual plans with insurance companies, government annuities, and private savings. In starting any of these it is most important to begin to plan for them early in one's earning years in order to obtain maximum benefits.

The Blue Cross plan for hospitalization and care by physicians and surgeons is available to all nurses through their employer. Some provincial nurses' associations have a plan that includes a choice of income indemnities or optional hospital benefits. This is a means of assuring security during sickness. In one such arrangement payment begins after the eighth day of total disability and is payable up to one full year for each period of disability. For accidents, the plan pays from the first day of total disability and is payable up to one full year for each period of disability.

As nurses work for many different employers, especially in the large communities, it is not possible to have an overall pension scheme. Some hospitals offer a pension plan for all employees who have completed three years of continuous service. In one such plan the amount paid per year is 5 per cent of one's annual earnings supplemented by an additional 5 per cent from the employer. If after 15 years of service to the hospital it is necessary to terminate employment, the participant receives the total amount paid by herself and the hospital. The pension may be retained by the participant provided she continues to pay the amount carried formerly by the hospital as well as her own. The retirement age is 60 for female and 65 for male employees. The Federal Department of Labor is also anxious to promote a wider understanding of government annuities.

I have tried to review a few of the policies that the general duty nurse expects to find in the hospitals. Again I say that there must always be followers for the leaders to lead.

Nurses Working Alone in Rural Areas

ALICE SMITH

THE ATTITUDE OF THE NURSE who applies for a position in a remote or semi-remote area today would seem, for the most part, very similar to that of nurses of earlier generations who, through choice, accepted positions in outlying areas. Most of them have a desire to make a contribution where the need is acute due to the lack of facilities and skilled personnel readily available in larger centres. The majority of nurses who accept employment in outlying areas are prepared to meet the discomforts of travel in all weather and the inconveniences of working in homes that often leave much to be desired. It is true that facilities are very much better in many instances than they were a generation ago. It is, for example, usually possible for the nurse to reach clean and comfortable quarters every night.

In our experience the loyalty of the nurse to her job is exemplary. In fact, as time goes on and she becomes fully aware of the vast opportunities that are hers for contributing to the total health of the people with whom she is working, one of the problems we encounter is to help her to remember that "all work and not enough play" is neither good for her nor the job. This is one of several reasons why it is considered important that nurses working alone in outlying areas should be required to come in after not more than two years to spend at least six months working in close association with other nurses and with medical personnel, where she will not be likely to be so totally absorbed in her work that she does not take time for other interests. Actually, there are opportunities for recreation in outlying areas, and the nurses who manage to participate to a degree in the local recreational facilities are much wiser.

CHANGING NURSE POPULATION

It is usually much easier to find and retain staff for the more remote areas than it is for small institutions situated in settlements the size of which fall between a large town or city and a truly rural community. These places, for the most part, lack both the opportunities afforded by the city and the challenging and invigorating experiences common to the nurse working alone. There is a rapid turnover of staff in small village hospitals. This is unfortunate but seems understandable in a day when employment opportunities for nurses abound and more advanced education and training are

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gradually coming within reach of most nurses who desire these experiences.

The number of nurses who resign to marry is very high in some outlying areas. There is an advantage in this, however, as they often settle, for a time at least, in the district and frequently can be called upon to lend a helping hand when the need arises. There is no nurses' registry to turn to in the remote or semi-remote region!

The primary requisites for obtaining staff are, of course, sound personnel policies which include among other things a fair salary range, adequate annual leave and sick leave, educational opportunities, compensation for necessary overtime, and a good pension plan.

Having succeeded in attracting staff, the chief essential in retaining them is a high calibre of administrative personnel. There is no one who would deny that we may provide very fine buildings with every convenience. The personnel policies set down on paper may appear excellent. But without administrators — medical, nursing and business — who have had the privilege, through training and other experiences, of acquiring a broad understanding of people; who are sufficiently mature to forget themselves as individuals while working with others toward a common objective; and whose concept of administration is founded on truly democratic principles, there will continue to be the same very high rate of turnover in staff. Not so much attention had to be given to these matters when positions were not so easily available, but there is little doubt that the quality of service given by many of the nurses employed was greatly reduced due to unhappy working relationships. Where morale is low, staff is not retained. We should be grateful for this as it is forcing us to examine our administration very closely and make many changes which ultimately result in a higher quality of service.

It is necessary that each staff member have conveyed to her, honestly and fairly, the need for her help in carrying out a program or achieving an objective. Those who are to help to carry out a program need to have a part in planning it. While certain principles must be adhered to, there should be sufficient flexibility to encourage initiative. Only when such things as these are remembered and put to use by administrators will the individual worker be motivated to put forth her best effort. Every worker — and nurses are no exception — welcomes the opportunity to identify herself with projected action. An article by M. G. Hollister, M.D., M.P.H., in the *American Journal of Nursing,* points out that "when we acknowledge togetherness rather than conquest as our goal, and when we recognize the feeling side as well as the intellectual side of a problem, we are taking two important steps in improving our relations." It would seem that if some administrators would bear this in mind there would be less difficulty in retaining staff.

INFLUENCE OF ECONOMIC CHANGE

While in some areas the salaries for nurses have failed to keep pace with the times, broadly speaking, every nurse has benefitted because of the prevalent opportunities to choose the type of nursing in which she is most interested. Also, the many educational opportunities that are available are to her personal advantage and result in a much improved service through the nurse having gained a broader understanding of the psychological needs of her patients.

There is still the problem of getting adequate nursing care to the public at a cost that people can afford to pay. Probably the people of Canada will learn how to cope with this problem in time. Public health nursing is fortunately free from this deterrent.

EFFECT OF SOCIAL LEGISLATION

Social security measures for people in far-flung areas of Canada have definitely posed problems, in the minds of nurses at least, with reference to the practice of nursing. Any nurse who has been accustomed to working in centres where personal medical direction was always available is forced to do a great deal of adjusting in her thinking. An analysis of the situation, however, reveals that the principles of nursing in remote areas are identical to those with which we are familiar and which are accepted everywhere. The doctor remains the captain of the health team. It is under his direction that a patient is treated although it may be seldom that he is at the scene.

It would appear, therefore, that nurses must make some adjustments and extend the scope of their thinking to include much that hitherto had not been considered essentially a nurse's work. For example, we may be appalled by what may seem at first glance to be the necessity, at times, of practising illegal medicine when actually there is neither the necessity nor the excuse for so doing. There is no need for any nurse to undertake more than she would be expected to do under similar circumstances anywhere.

While nursing has not been precisely defined, medical practice has been. It consists generally of "diagnosis, prescription and treatment or operation."* Thus we know what nursing *is not*. However, "Many things which it would be illegal for the nurse to do on her own responsibility are perfectly proper when done under a physician's *direct* supervision." The word "direct" might leave us at a loss until we give the matter some thought. While the nurse in remote or semi-remote areas is always under the supervision of her medical superintendent, due to the fact that the population for which the medical superintendent is responsible is, in many instances, scattered in small settlements over a vast area, he cannot give personal supervision to each nurse in his territory at all times. It is impractical to attempt to alter this situation as it would be impossible, both from the standpoint of economy and the numbers of qualified men available, to provide more doctors.

Sometimes a situation arises that is not covered by standing orders. Should signals be "out" rendering the radio telephone useless for the time being or if, for some other reason, the nurse is unable to contact her medical superintendent, again we find reassurance in Law and the Practice of Nursing. It may be noted that in an emergency it is the nurse's duty to use her own best judgment until a report can be made to the doctor, and his instructions received.

It is true that one who prescribes is practising medicine. The question that we must answer when faced with such a situation is whether it is being practised legally or illegally. In the same book we read:

> In case of emergency, and in the absence of a doctor, any person who is present is expected to do whatever he might reasonably be expected to know how to do to assist the patient. A nurse who is present will naturally be expected to do more than an ordinary bystander. She will not only be justified in doing things which in ordinary circumstances would constitute the illegal practice of medicine, but she will be expected to do such things.

A nurse is always morally and legally responsible for taking precautions to safeguard her patient. If she fails to do this, action can be taken against her on the grounds of negligence. Negligence is defined as "Failure to exercise the care that the circumstances justly demand; omission of duty in doing or forbearing."

While the pronouncement of a diagnosis is not necessary at any time, intelligent observation and reporting of signs and symptoms are a necessary part of a nurse's duties wherever she may be.

It will be recognized that the selection of nursing personnel for assignments in outlying areas is of paramount importance. Only nurses who have proven themselves to be capable of mature judgment should be placed in these positions. Not every nurse who applies for work in an outlying area is ready for the responsibilities which a nurse in such a position must assume. However after a period of orientation in the work in areas where guidance and supervision are available, many learn to assume these responsibilities.

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A timid person is frightened before a danger; a coward during the time; and a courageous person afterward. — RICHTER

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* Law and The Practice of Nursing, Fidler and Gray, 1947.

Collective Bargaining

EVELYN E. HOOD

AT THE 1944 BIENNIAL CONVENTION of the Canadian Nurses' Association the principle of collective bargaining for professional nurses was approved. It was recommended that it be done through provincial registered nurses' associations.

After a great deal of study, investigation, and education of the membership, the Registered Nurses' Association of British Columbia at the annual meeting in 1946 accepted the principle of collective bargaining and approved the inauguration of the Labor Relations program. Immediately following this meeting the first step was taken. On June 18, 1946, the Association, at the request of the nurses at St. Paul's Hospital, Vancouver, applied for certification on their behalf. Since that time our Labor Relations program has been modified and has kept pace with changing conditions and with the various alterations in the labor laws of British Columbia. The program has shown a continuous growth over the years, until at the present time the R.N.A.B.C. is the Bargaining Authority for the nurses employed by 25 hospitals and 5 public health agencies.

We in British Columbia feel our Labor Relations program has been a contributing factor in relieving our nursing shortage and has helped us alleviate much of the unrest and insecurity felt by nurses. The Labor Relations program has been generally accepted by nurses and the public (including employers) as a proper function of the Association. Nurses have learned that a businesslike approach to employment, including employment problems, enhances their professional status.

The mechanics by which a group of nurses may take advantage of this service are quite simple. Any group interested in having a collective agreement must first hold a meeting with the majority of the staff present. A resolution is then passed requesting the R.N.A.B.C. to become their bargaining authority. The minutes of this meeting along with a complete list of nurses on the staff is forwarded to the Association office. If the majority of these nurses are currently registered, an application for certification is sent to the Department of Labor. If the Department of Labor is satisfied, after investigation, that a majority of the nurses on the staff are paid-up members of the Association, certification is granted. The Association is now the legally recognized representative and spokesman for the nurses, and collective bargaining can commence.

To negotiate an agreement, the nursing staff is asked to arrange a meeting, at which the representative of the Association is present. Problems are discussed, and a sample agreement based on the Recommended Personnel Policies of the Association is analyzed. This agreement is modified to meet local conditions, and to conform with salaries being paid or being asked for in the community. The employer is then notified that the Association wishes to commence collective bargaining. At a meeting of the employer, the staff representatives, and the representative of the Association, the nurses' requests are presented. If the employer agrees to them a contract is drawn up, which is signed by the employer and by the Association. Every nurse on the staff receives a copy of the contract and is instructed to get in touch with her staff representative if any problems arise.

Our collective agreements are straightforward and easily understood. They cover salaries, hours of work, statutory holidays, annual vacations and credit for experience and postgraduate training. They regulate the off-duty time when changing shifts and the length of each shift. Each agree-

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ment contains a grievance clause whereby all differences of opinion in the interpretation and application of the agreement can be settled peacefully. An agreement assures the nurses of the continuance of the agreed-upon policies for at least one year. It also assures them of an opportunity to discuss proposed changes as a group before a subsequent agreement is drawn up.

One of the big advantages of formal bargaining is, that in situations where the employer has not been willing to give consideration to the wishes of the nurses, the employer is legally required to enter into negotiations with the nursing group. It is only at the request of a nursing staff that the R.N.A.B.C. has ever become their bargaining authority. However, we hope to encourage our members to seek assistance before relationships become strained. When problems do arise we encourage our members to route them through the proper channels in trying to solve them themselves, and that when they feel the need of assistance they will turn to the Association.

Experience has shown that anyone who works for a living cannot trust his welfare and security to the current benevolence of an employer. Even the best of intentions to improve employee conditions are rarely realized without the strong encouragement of organized group pressure. It would seem reasonable that nurses should have a voice in deciding the conditions under which they can make the greatest contribution to nursing and which will assure the personal and spiritual growth of the nurse herself. When problems and difficulties arise and working conditions seem intolerable an individual employee can never be as effective and unemotional in asking for improvement in conditions as an association spokesman who is removed from the local situation and has the prestige of a larger group. Certainly the picture of hospital conditions before and after an effective agreement has been put into operation should prove that some of the minimum requirements of human dignity will not be met voluntarily, but only through organized group action. Nurses who seek collective security, far from sacrificing their professional dignity, actually enhance it.

Why a Pension Plan?

MOLLIE STEVENSON

RIGHTLY OR WRONGLY most of us face fears, of one sort or another, all our lives. Remember at 17 the anguish of waiting for your invitation to that all important first formal? But as we come to middle age we begin to exchange emotions for symptoms. As we grow older some of these fears become magnified — fear of age, want, illness or loneliness. Of all these the most nagging — though often secret dread is that of *dependent old age!*

We all know that great unhappiness results when older people have to exist as a burden on some relative. If we have someone we can live *with* where we contribute our share of expenses then we are indeed welcome — and it's a different story! It has been said, "When there is silver in the hair, there must be gold in the purse or tragedy results!"

Who is in a better position to know these problems than nurses who see them every day in their round of duty? After all, what is the difference between an elderly lady and an old woman? Isn't it largely a matter of continuing income? Isn't Aunt Emma a welcome guest when she comes with little gifts or takes the youngsters out for a show and a treat? But poor Aunt Lucy! Without funds, she is a disap-

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pointed old woman pushed into a back bedroom — a built-in baby sitter, if you will. How they hope she will stay in her room when the young folks are entertaining!

I was sitting on a bus recently where I could not help overhearing the following conversation:

> We have had to take George's eldest sister in to live with us! I told George he would have to tell her to stay out of my kitchen. She makes me nervous puttering around and every night she says as she goes upstairs, "Don't forget the milk bottles." Of course, we feel obligated because she helped George through university.

I wonder how many nurses have helped brothers or sisters, nieces or nephews or even their own children through university? Certainly they deserve a great deal of credit for that. We are put on this earth to help others but sometimes we may wish, if these young folk are now successful, that we might get back at least something. Perhaps we ought to have been just a *wee* bit more selfish and provided protection for our own old age.

Which will it be for you at retirement? A cosy little apartment, bright chintz, comfy chairs where you can rest your weary feet, all your books that have become old friends and all those other books you've been promising yourself to read, shining little kitchen with the kettle singing *or* a drab little room like the one visited the other day with a sign, "No entertaining, no cooking, no pets." I'm not ashamed to tell you I had tears in my eyes and a lump in my throat coming from that room.

When I was first in this business I met a retired nurse who asked me what I was doing. When I told her I was arranging nest eggs and continuing income for professional and business women she jumped up and said, "Make them, just make them buy pension plans!" Well I told her then and I tell you now I cannot carry a baseball bat. You must face your own problems. I know that many of you do.

Just because we reach old age, we don't have to stop having fun! We can still continue our favorite clubs, our little parties, if we are smart enough to provide ahead of time for the money to do these things. Every woman, whether she be married or not, deserves unhurried tranquillity in her sunset years!

Have you not often wondered why so many women arrive at retirement without adequate income? Not because of lack of ability — they had ability. Not because of lack of earnings — they earned money. No, isn't it because they failed to have a guaranteed plan whereby they could send on ahead from their earning years something for the old lady they were going to be someday? In other words, they spent the young woman's money, but they also spent the old lady's money too! They all had the dreams and hopes of a serene, secure old age, but they failed to translate that hope into a plan that worked. If we are realistic, we *must* realize all we are going to have when we want to take it easy is what we send on ahead *now*. Won't it be a wonderful day when we know that every month we will find a cheque in our mail box on the first of every month — and another and another every month as long as we live?

I hope the day will come, as it should have long ago, when there will be a basic Dominion-wide pension plan for nurses. Fight for it! But in the meantime, be sure you have a supplementary plan that will be the cushion built up from your present earnings.

* * *

A sick person intensely enjoys hearing of any *material* good, any positive or practical success of the right. He has so much of books and fiction, of principles, of precepts, and theories; do, instead of advising him with advice he has heard at least fifty times before, tell him of one benevolent act which has really succeeded practically — it is like a day's health to him.

— Florence Nightingale
in "Notes on Nursing"

* * *

Calm soul of all things! Make it mine
To feel, amid the city's jeer,
That there abides a peace of thine,
Man did not make, and cannot mar.

— Matthew Arnold

Industrial Nursing

Solving Hospital Problems

MARION J. WRIGHT, M.S.

I WOULD LIKE TO REPORT on a study that has been made to help solve some of the problems in the hospital and to point out the aspects of industrial engineering and the principles of good management that were applied. We hope that this is realistic. The approach used in this study is one that the engineering people particularly are familiar with.

1. *State the need:* a clear definition of the problem; a collection of facts and an analysis of those facts; a formulation of a new plan and its implementation. What was our problem? We had on one hand a shortage of professional personnel and of other employees in the hospital field. On the other side of the picture, hospital beds were increasing — 4,000 in Michigan alone — yet some hospitals had beds closed because of the shortage of help.
2. Medical science had made tremendous strides in the last few years; more advanced surgery; the wonder drugs, all of these changing the complexion of the care needed for patients. Our old standards of care had been set up on the basis of what the patient was like in 1930 and on almost 100 per cent professional staff.
3. There was a decrease in the number of people graduating from high schools, percentage-wise with the population. We were reaping the harvest of the lowered birth rate during the depression years.
4. Hospital costs were increasing. There was a need for new beds to be built and we had a challenge to give our patients safe, adequate care in an economical fashion; be able to open the new hospital beds and meet the public demand.

We then, to get all of the facts, had to do several things. Some of the things we specifically had to find out were:

1. How much and what kind of care did our patients need today?
2. What activities were involved in their care and who could best perform them?
3. Was the professional nurse particularly overburdened because there were too few of her or was she rendering service some less skilled person could perform; such as clerical work, housekeeping, etc.?
4. Were our routines, systems and procedures set up in a manner to make our work efficient and eliminate lost time, waste of energy, equipment and skills?
5. Did we have good planning and organization?

We made several assumptions before starting the study:

1. That all hospital functions were for the best interest of the patient.
2. That professional personnel were performing many duties that did not require their specialized skills and nonprofessionals had not been assigned to the limit of their ability.
3. That there were many factors affecting the staffing ratio of a hospital, not only in numbers of personnel needed but the ratio of professional to nonprofessional. They were:
   - (a) The length of stay of the patient and occupancy rate.
   - (b) The amount of ambulation.
   - (c) The type and size of medical staff and medical staff efficiency.
   - (d) The allocation of activities both inter- and intra-departmentally, as professional versus non-professional.
   - (e) The techniques in the hospital. Were we making major operations out of simple procedures?
   - (f) The type and frequency of pro-

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cedures ordered for patients.

(g) The physical facilities and equipment.

(h) The type of patient.

(i) The method of securing supplies. Were they there for people to use or not?

(j) The experience and the preparation of personnel.

(k) The amount and kind of supervision.

4. There was a need also to analyze all functions in the hospital in order to determine who could best perform and supervise the functions in the best interest of the patient.

5. There needed to be a study of labor-saving devices.

We came, then, to our next facet of the study — the gathering of the facts. First we made a survey of the literature and of the field. A form was developed that had some 560 items on it including jobs and job classifications. These were sent out to hospitals throughout the United States, asking what various people did, who held various jobs. We were not too surprised at the findings. Of those 560 items, we found that graduate nurses were performing 125 things that could no more be considered professional than the man in the moon — such as cleaning needles, cupboards, steam tables, etc. We found department heads who were not participating in job analysis or planning and organizing for the department.

The second device was a survey of our own employees. It was divided into two sections, one for professional employees — not only nurses but all other professional employees other than doctors — and one for non-professional employees. We asked the professional employees the same 560 items, not only if they did a task but when they did it. Did they think someone else could do it? If so, who and what department was best qualified for doing it? This gave us a great deal of direction in our planning.

We found out what people thought their job should be. We found out something too about their attitudes — whether they were willing to take over things that had not been their job or whether they would be willing to give up things that they had always considered their job. It has helped us a great deal in our in-service educational program.

The second section was patterned after the first, but it was much simpler and contained about 250 items. It was given to all non-professional personnel, not only practical nurses, ward clerks and aides, but those in dietary, housekeeping and maintenance departments. They too were asked what they thought their job was, what they thought it should be, who should do what, and how we could improve care to the patients. We found that this group pretty well knew what their job was, but frequently they were not allowed to perform all of the functions that were included in their jobs. The professional workers were still doing them, while these people's time was not completely occupied. We also found that in studying curricula of what practical nurses were taught, they were not performing all of the things that they had been trained to do. So there was also a waste of their skills. This I might add was a great morale booster — asking these people what they thought. They told us that, for the first time, someone had considered them important in the care of the patient and really thought they had an opinion.

As you can readily see, we knew we were going to make changes. We went on the philosophy that the person in the job was the best person to help improve that job and that people are more apt to do things that they participate in. We gave everybody a part in the study of the essential changes. Then, because our first assumption was that the whole hospital existed for the patients, we turned to them and we asked some 700 of them what they thought. We used a very clever device — a series of five faces from a broad grin to a smirk — and also gave the people a place to write comments. We had a 90 per cent return on this. The patients told us that they were willing to have non-professional personnel take care of them, but that a friendly attitude was more important than what was done. Also, they wanted the people who took care of them to know their names, know what was wrong with them and know how to help them. They also wanted to know why certain care was ordered. They realized they couldn't know everything, but they thought they could be told more than they were, or have things explained more fully before they were done. You see, the patient wanted security and wanted to be regarded as an individual.

Next we turned to the doctors for several reasons. They see us from a different aspect than we see ourselves. They hear comments from their patients. Also some of the changes might affect them. We asked them what they thought of the care of the patient, of our present personnel, the way we had our systems organized, etc. They told us that they were willing for non-professionals to take care of their patients, but they didn't know what it was safe for them to do. They made several suggestions though, and I would like to enumerate them for you.

> The supervision and the bedside care of the critically and acutely ill patients should be reserved to the graduates.
>
> They should give the medications and use the highly technical equipment. They should interpret the doctors' orders, observe the patient and do all advanced therapy and be responsible for the other workers.
>
> The list for the non-professional was quite long. Temperature, pulse and respiration; bedside care of all patients excepting the seriously ill; bedpans; lights; catheterizations; blood pressures; feeding patients; making beds; and patient transportation. They spoke about a friendly attitude and a cooperative spirit of all people working together. They had many comments on nursing education that we expected — too much theory and not enough practice. Surprisingly enough, many of the doctors recommended two types of schools of nursing: the collegiate school for the nurses who would be the supervisors, the teachers, the instructors and the team leaders; and the two-year school for the nurses who would be responsible for the technical aspects of bedside care.

Again we turned to the patient. Already our national nursing organizations had said that the well trained practical nurse could take care of the sub-acutely ill patient under supervision. Some of us felt that the nurse's aide with in-service training could take care of the convalescent and ambulatory patients in most respects. If this were true, we had to find out what percentage of our patients fell into the acutely ill, the sub-acutely ill, convalescent and ambulatory classifications. We studied some 3,000 patients in a two-month period while they were in the hospital. We studied them by service — medicine, surgery and orthopedics — because we have a segregated hospital.

I am going to quote one or two of our findings that were very surprising.

> On surgery we found that 14 per cent of the patients fell into the acutely ill classification; 16 per cent into the sub-acutely ill; and 70 per cent into the convalescent. On medicine we had a different picture: 44 per cent of the patients were acutely ill and only 38 per cent ambulatory. On the average non-segregated service we found about 20 per cent acutely ill. We had only one criterion for the ratio of professional nurses to non-professional personnel: the percentage of bedside care, that is baths and comfort measures, that could be done by either group. Even if a patient were ambulatory and convalescent, he might have some type of treatment or need some form of teaching that would have to be given by the professional nurse so there would be a divided responsibility in his care.

Next we made an activity analysis. For instance, we studied the medications an average patient received — not only the number but the kind of drug and the mode of administration, because different methods of administration took different skills, abilities and time. The kind of drug was important because if the well-trained practical nurse could give some medications, we had to find out what percentage would be safe for her to give. Just to quote a figure or two — we found that the average medical and surgical patient got 4.6 medications a day and about one of them by some other means than mouth. To jump ahead a little bit, the interesting thing we found was that after we had studied all of our activities and put them all on a graph, we had a graph that was all peaks and valleys — an almost impossible staffing situation! Looking back over our activities, we found that in the large majority of them, interval was more important than the exact time. In changing routine hours for medications, we started with the things that *had* to be given at exact times and worked from there. We set up our routines to smooth out those peaks and valleys. Instead of doing everything at 12, 4 and 8, we do some now at 9 and 1 and some at 10 and 2.

The next activity considered was treatments. We again studied the kinds of treatments that were given and also how many and the hours of the day they were given. We are a 24-hour a day institution, of course, and wished to devise a plan for the entire 24 hours. Each type of treatment was also studied for frequency of occurrence, again because there were certain treatments that practical nurses were trained to do and certain treatments that we felt that in-service trained aides might be able to do; and we had to know how often these treatments occurred. Surprisingly enough, when the treatments were studied by frequency of occurrence we found the simpler treatments accounted for some 44 per cent of all that had to be given. The average surgical patient had 1.5 treatments per day and the average medical patient 1.2 treatments a day. You will note we always talk in averages. John Smith might have six and Mary Jones none, but if we knew what the average typical patient was like, we would be able to ascertain how much and what kind of help we needed on a floor where there were 20 of these typical patients.

We then studied diagnostic procedures in the same way — how many doctors' orders were written and when, and what classifications they fell into. By this time we had a fairly good idea of how ill our patient was, what medications he was to receive, what treatments he was to receive, what studies were being made on him and how many written orders there were. But there were other things that could not be measured by paper and pencil, which is obvious when you are dealing with human beings. Not only are there things that need to be done for the patient, but there are the indirect things that contribute to his care. We came to the realization that we needed some type of observation study and also there was another factor missing; we did not know how much time it took to do all of this work or how much time it should take.

We adopted the method of observation and time study that is known as *work sampling*. It has proved very successful on the person with a variable job and, certainly, someone nursing on a patient unit has a variable job. The types of personnel that were studied under the work sampling, were the graduate nurse, the practical nurse, ward clerk, housekeeping maid, student nurse, nurse's aide, orderly and dietary maid. We did not study people as individuals but as jobs. If there were three graduate nurses on the floor, the accumulating was done under one heading — graduate nurse. Because of the complexity of the duties in a nursing unit, it was necessary to set up job classifications. We were able to boil down some 500 to 600 duties into 29 job classifications. We had three observers, one on each 8- hour shift around the clock and the observations were made over a 7-day period. On the basis of our tabulations, several charts have been drawn up.

1. The amount of care received by patients. The total care for one patient and the total care for all of the patients on the three units studied — 78 patients. The total care was broken down into direct bedside care and indirect bedside care.

2. The percentage of time in each classification of duties contributed by the various types of personnel to patients by shifts. We were then able to say, for instance concerning bedside care, what percentage was done by the head nurses, the graduate nurse, the student nurse and so forth.

3. The percentage of personnel time

spent on each activity by shift. For example, we found out that the graduate nurse spent about 20 per cent of her time giving baths.

4. The approximate amount of time in minutes spent by each type of personnel on each activity.

5. The total care given in an average day by all types of personnel and the total amount of time needed to do the work. We kept an accurate count of the hours of service provided, the amount of overtime, the idle time and interruptions.

One very interesting facet of this study was, we found that on the 11-7 shift the graduate nurse was only spending 30 per cent of her time giving patient care. The other 70 per cent was spent on records, cleaning functions, preparation of equipment, etc. We reasoned that if we could take these other functions away from her and give them to someone less highly trained, she could spend more time with the patients and hence could take care of more patients. In planning our test set-up, we made her responsible for twice as many patients as she had previously had. When we redid the work sampling study in the test unit, we found that she was spending about 70 per cent on care to patients and 30 per cent of her time on extraneous duties. She had twice as many patients but all of those patients were getting more care than they had been getting when the nurse only had half as many! 70 per cent for twice as many as compared with 30 per cent for half as many.

We found our head nurses, who are some of our supervisors, giving 4 per cent of the baths which is not a head nurse function; giving 7 per cent of the medications which is not a supervisory function; and 36 percent of the treatments, again not a supervisory function. She was only spending 32 per cent of her time on frankly supervisory duties. She was doing this because she did not have enough other people on her unit to accomplish these tasks. In our plan we have provided her with sufficient assistance so that she can spend her time on supervisory and management functions, which she is hired to do in the first place. This means better patient care, because better supervision, better planning, better organization, always result in a better product.

Another interesting thing we found was that the graduate nurse was spending 24 per cent of her time, on days, on clerical duties and only 20 per cent on bedside care, about 10 per cent on medicines, and about 5 per cent on treatments. She was doing more paper work than giving care to the patients. That, too, with the ward clerks in our new set-up has been changed materially.

The picture has become very clear. In this day of shortages of graduate personnel and higher salaries if the unskilled functions are taken from the nurses and they are utilized to give patients' care, they can be spread over more patients. More patients will receive the care they need. The less highly qualified people cost less too — a sound point in economics!

(*To be concluded in the January issue*)

On the Signs of the Rachitis

The Signs which belong to the disproportioned proportionment of the parts.

First, there is an unusual Bigness of the Head.

Second, the fleshy parts are daily more and more worn away.

Third, certain swellings and knotty excrescences, are observed about some of the joynts. These are chiefly conspicuous in the wrists, and somewhat less in the ankles. The like tumors also are in the tops of the Ribs, where they are enjoyned in the gristles in the Breast.

Fourthly, some bones wax crooked, especially the bone called the shank bone, and the Fibula or small bone of the leg.

Fifthly, the Teeth come forth slowly and with trouble.

Sixthly, the Breast in the higher progression of the disease becomes narrow on the sides.

— FRANCIS GLISSON
De Rachitide, Batavia, 1650.

Aux Infirmières Canadiennes-Françaises

Infarctus du Myocarde

HUGUETTE LARIVIERE

INTRODUCTION

"GARDE LARIVIERE, je vous confie un nouveau malade aujourd'hui. Il s'agit de Monsieur Payette hospitalisé dans la chambre 272. Il est entré hier, avec son fils." J'avais hâte de connaître ce nouvel arrivé; je me rendis immédiatement lui offrir mes services. Il m'a semblé sympathique et désireux de recouvrer la santé.

HISTOIRE SOCIALE

M. Payette à 42 ans, est le père de 15 enfants. Il a reçu une instruction assez rudimentaire. Animé d'un grand esprit d'initiative, il parvient, sans trop de difficulté, à donner à sa nombreuse famille le nécessaire et même un peu de ce superflu considéré quasi indispensable de nos jours, ce qui indique chez lui des grandes qualités. Il y a neuf ans, M. Payette avait une cordonnerie à son compte mais, jugeant les revenus insuffisants, il s'est procuré un emploi à la Canadian Resin, usine de notre ville.

De constitution plutôt faible, ce monsieur doit prendre constamment les précautions nécessaires à la conservation de sa santé. Prédisposé aux ulcères d'estomac, il a souvent été hospitalisé pour ces troubles.

MALADE ACTUEL

Depuis un mois, grippe avec toux, expectorations, malaise général, mais M. Payette continue son travail et ne se soigne pas. Le seize janvier, vers onze heures du soir, il fait une crise subite qui consiste en une très forte douleur précordiale avec irradiation au cou, à l'avant-bras et au poignet gauches. T.A. 140/90. La crise est immédiatement soulagée par le nitrite d'amyle. Le lendemain, il revient imprudemment voir sa femme à l'hôpital et peu après, ressent une vague douleur précordiale. Au lit pour le reste de la semaine, et le 21, après avoir éteint un commencement d'incendie chez lui, crise plus forte. T.A. 120/20. Pulsations 50, régulières.

Hospitalisation le 21 janvier. Diagnostic provisoire: crises répétées d'angine de poitrine.

EVOLUTION

Le 22 janvier, dès que ce patient me fut confié, je m'intéressai grandement à son cas. De plus, il était encourageant de travailler pour lui car nous avions son entière collaboration. Je tâchai, par tous les moyens, de lui épargner la moindre contradiction, sachant que cela nuirait à son rétablissement. Dès qu'il avait une inquiétude ou un ennui quelconque, sa température s'élevait et son pouls devenait rapide, indices d'une crise prochaine. J'ai pu percevoir ces symptômes en étudiant mon patient. Alors, je lui faisais un brin de causette, je m'informais de sa femme, du dernier-né, enfin je lui changeais les idées. Que de fois, avant mes heures de travail, me suis-je ingéniée à découvrir soit un article, une revue, une nouvelle qui saurait l'intéresser et le distraire! Tout allait pour le mieux, notre malade semblait reprendre des forces.

TRAITEMENT

Le 22 janvier, un premier électrocardiogramme est pris. Résultat: Forte présomption de troubles coronaires, sans indices d'infarctus récent. Analyses de sang et d'urine normales. Le taux de prothrombine a varié du normal (100%) jusqu'à 20% sous l'influence du découméral.

La radiographie pulmonaire montra les hiles chargés de nodules fibreux et le coeur mince et allongé. Les poumons normaux.

Mlle Larivière est une infirmière étudiante à l'Hôpital Ste. Thérèse, Shawinigan Falls, Quebec.

La diète de M. Payette était molle et de digestion facile, un repas de viande par jour, soit poisson, poulet.

Il reçut comme médicaments:

Aminophylline gr. iii pour douleurs angineuses. L'aminophylline est un dérivé purique insoluble dans l'eau qui agit comme vasodilatateur.

Nitrite d'amyle à respirer profondément: liquide volatil altérable à l'air et à la lumière. Indiqué dans les crises d'angine, c'est un vaso-dilatateur agissant sur les muscles bronchiques relâchant les spasmes, en particulier ceux de l'artère coronaire, il produit un soulagement immédiat.

Morphine administrée dans les crises rebelles pour son effet analgésique et son action hypnotique.

Découmaral: médicament anticoagulant. La dose variait selon le taux de prothrombine.

Alepsal: 1 cc. t.i.d. pour modifier le rythme des battements cardiaques.

Comme hypnotique au coucher, M. Payette avait, les quinze premiers jours, Nembutal 1½ gr. et pour les derniers jours, afin de lui faire perdre l'habitude des somnifères, il ne prenait que sonéryl lorsqu'il souffrait à l'occasion d'insomnie. Ce sont deux hypnotiques qui provoquent ou facilitent le sommeil.

M. Payette souffrait d'anorexie. Le médecin m'avait confié tout spécialement la préparation d'un apéritif. Je devais préparer ½ once de brandy dans ½ once d'eau froide et le lui porter trente minutes avant chaque repas. Les nombreux matins où M. Payette était à jeun pour analyses, l'infirmière de nuit ne pouvait lui donner son brandy en même temps que les autres médicaments dûs à sept heures. Alors je m'en chargeais personnellement, aussitôt la prise de sang terminée. Son apéritif agissait en même temps comme vasodilatateur. Après quoi je vaquais à la préparation d'un plateau propre et appétissant, aux couleurs variées. Mon zèle à stimuler l'appétit de mon malade m'attira les compliments du médecin.

Le 2 février, un deuxième électrocardiogramme décela un infarctus du myocarde. Inutile de dire qu'il me fallait apporter encore plus d'attention à mon patient. Le repos au lit était absolu avec seul le privilège de la salle de toilette. L'infarctus du myocarde signifie une nécrose circonscrite à la suite d'une thrombose artérielle. La coronaire gauche qui irrigue le ventricule gauche est atteinte.

OBSERVATIONS PERSONNELLES

A l'annonce de cette nouvelle M. Payette fut courageux et surmonta bien le choc. Cependant son état extérieur ne sembla pas plus mauvais et par la suite tout alla pour le mieux. Le médecin signa le congé pour le 13 février. Le malade reprenait ses forces et son teint se colora à nouveau. Avec une convalescence bien suivie à la maison, il pourra reprendre son travail dans deux mois.

RESPONSABILITES DE L'INFIRMIERE

Au médecin incombe la tâche d'examiner, de consulter, de prescrire, mais à l'infirmière n'incombe pas une tâche moins importante. C'est à elle de faire remplir les ordonnances, d'administrer les médicaments aux heures prescrites. C'est à elle aussi de voir à procurer une atmosphère de calme, de tranquillité tout en étant gaie et réconfortante. De plus, l'amélioration ne dépend-elle pas souvent de l'observation scrupuleuse des restrictions alimentaires recommandées? Je notais aussi minutieusement au dossier mes observations sur l'effet des médicaments, la température, le pouls, et la respiration, tout autre détail pouvant éclairer le médecin. N'est-ce pas le rôle de l'infirmière, de coopérer avec le médecin, de collaborer à son oeuvre bienfaitrice?

M. Payette ne réclamait jamais ses soins, il fallait les prévenir. Aussi, chaque fois que j'avais affaire aux autres patients de sa salle, je passais près de son lit, replaçais les oreillers et les couvertures. Sa délicatesse lui faisait tout voir et tout apprécier, jusqu'aux moindres détails. L'esprit de découragement gagne inévitablement le malade. Qui, sinon à l'infirmière, l'aidera dans ces moments de détresse. Pour cela, je lui donnais une raison de vivre, l'intéressais aux problèmes du dehors et lui procurais le plus de distractions possible, me répétant intérieurement: "Regarde au-dessous de toi et tu seras heureux, ou tout au moins consolé!"

Avantages des Connaissances Acquises

En m'intéressant de si près à ce cas, j'ai pu très bien surveiller l'évolution de la maladie. Comme c'était mon malade, que j'avais à répondre à tous ses désirs et besoins, je pouvais voir les résultats mieux que quiconque. A suivre un cas, c'est un moyen infaillible de bien fixer dans sa mémoire tous les détails d'une maladie et les leçons théoriques s'y rapportant en plus d'acquérir de la dextérité et de la compétence.

En résumé, je puis dire que j'ai appris:

1. A toujours être souriante et gaie pour tous mes patients, malgré mes propres maux et fatigues, parce qu'ils étaient plus malheureux que moi.
2. A m'intéresser aux rapports des radiographies et d'analyses de laboratoire en comparant le normal et l'anormal et en raison de l'état de mon malade.
3. A connaître les effets de certains médicaments cardiaques et l'importance de les donner aux heures prescrites et à voir à ce qu'ils soient pris devant moi.
4. A préparer mes plateaux avec goût, leur apparence pouvant suffire pour exciter l'appétit du malade.
5. A augmenter la confiance du malade envers le médecin en suivant à la lettre toutes ses ordonnances.
6. Enfin, à être minutieuse et délicate en tout.

How to Study Nursing Activities

The Public Health Service of the U.S. Department of Health, Education and Welfare announces publication of "How to Study Nursing Activities in a Patient Unit," a manual to aid hospitals in making better use of personnel. The publication offers a method by which hospitals of all sizes may determine how nursing personnel time is distributed between duties requiring nursing skills and those which could be performed by other hospital personnel. The purpose of the study is to give nurses more time to be with patients. Nursing personnel themselves have an opportunity to take part in the study and to analyze their own activities.

Prepared by the Division of Nursing Resources under the direction of Margaret G. Arnstein, R.N., chief, the manual reflects concern with finding ways of making more nursing care available to the public through the conservation and more effective use of scarce nursing skills.

Dr. Edwin L. Crosby, the director, American Hospital Association, has contributed a foreword in which he says, "If many hours of nurses' time are being directed from their true purpose and spent in work others can do, this trend must be corrected. The problem is how to conserve professional nursing skills for their highest use — and bring the nurse back to the patient. This manual is a practical new tool to use in finding specific answers . . . It gives a scientific method of studying all activities of nursing personnel in a hospital . . . Any hospital, large or small, can use the manual, adapting it readily to individual needs."

The manual may be purchased for 25 cents per copy from the ***Superintendent of Documents, Government Printing Office, Washington 25, D.C.***

Warnings of Eye Trouble

Headaches — or eye aches.

Eye fatigue after reading or doing other close eye work.

Blurred vision.

Inflammation or soreness of eyes or lids.

Watery eyes.

Swelling, puffiness or drooping of lids.

Colored halos around lights.

Spots before eyes.

The above symtoms are warnings that something should be done. They may be caused by: disease, lack of glasses or improperly fitted glasses.

What should you do? Consult your eye doctor. If you do not have one, go to a good clinic or hospital where you will get advice and, if need be, the names of professional men whose fees are set according to your means. Above all, do not delay in getting good care for your most precious possession — your eyes.

Public Health Nursing

Health Needs of High School Students

Editor's note: The following is a summary of a refresher course at the School of Nursing, University of Toronto from notes prepared by E. Louise Park and Alice G. Nicolle.

THE HEALTH NEEDS of the high school student were comprehensively presented by workers in different fields: a school principal, a psychologist with the Toronto Board of Education; a psychiatrist from the Toronto Mental Health Clinic; the director of medical Services of a collegiate; and a social worker. The over-all picture produced gives not only a summary of the student's needs at this period of his development but also behavior patterns that commonly result from non-fulfilment of these needs. Each participant accepted his own role in contributing to the good adjustment of the student by the recognition of his needs. Some of the fundamental points are offered here as a basis for further discussion and study.

THE PRINCIPAL

The principal of the school recognized that acceptance by his own group is the most important factor in the life of a teen-ager. He must be one of the gang and it is the gang who sets his standards for him. Any difference in his appearance or health status (wearing glasses, not being able to take part in sports, etc.) is likely to result in resentment and hostility. The student needs recognition and a feeling of importance, as well as success in academic work. Hence the school should provide a variety of courses and a full extra-curricular program to get each student into some activity he can do well. The school can help him achieve a sense of social success by arranging parties that all can attend. Self-confidence is fostered by attention to good health and pleasing appearance, about which teen-agers are very self-conscious and suffer much embarrassment. The school nurse can be of practical help here. The feeling of responsibility which is necessary to develop independence of thought and action can be encouraged by the putting on of shows, participation in student government or other such enterprises. During the summer it is good for the student to have a job,. to feel responsible for keeping it, to learn the value of money, and to meet people with confidence. As an outlet for excess physical energy and to develop interests that will continue in adult life, the school can provide a varied program of sports and hobbies.

THE PSYCHOLOGIST

The psychologist reiterated the two emotional needs that are common to all age groups: The need for security (sense of belonging, of being accepted, of having a feeling of affection) and the need for adequacy (need to feel important, to gain favorable attention for some achievement). She added to these the teen-ager's need for self-control (which should be developed before reaching high school age) and his need for independence — a natural inclination to break away from home influence. This may lead him to go blindly and impulsively with the group without consideration as to where it will lead him. There is a need for understanding, counselling and guidance by someone able to see things through his eyes — "someone uncritical, to whom he can talk freely and confess his anxieties, his fears, his shame and even his guilt."' This person must be a good listener, able to think behind the immediate problem to the student's basic needs that require satisfaction. He will then be able "to help the student solve his problems and show him how he can turn his mistakes and his rebelliousness into areas that will bring him satisfaction." This is one of the major roles of the psychologist in the school. The public health nurse also functions along these lines.

The Psychiatrist

Adolescence reflects in its struggle much of what has gone on before in the life of the individual. The years prior to adolescence are comparatively quiet. This calm is disrupted by activity of the sex glands. and the characteristic state of adolescence is one of confusion and insecurity based on sexual maturation out of which fears and expectations arise.

No patterns are laid down in our society to help the adolescent, as is the case in some primitive societies. In ours the child is told "to grow up" without being told *how* to do so. Our civilization is complex — so it takes time for the adolescent to take on adult manifestations. The power of procreation is foisted on an immature mind. We have in the adolescent a mature body with an immature mind, necessitating a new orientation to life. Physical changes take place that are not talked about openly.

The great variation in the age of maturation gives rise to problems. A girl of 10 years showing signs of maturation will want to use lipstick and change her hair-do. She will want to associate with older girls and will show interest in boys. She will be ridiculed by her own age group. This results in tears, troublesome behavior at home and restrictions being placed on her which result in more rebellious behavior. There is the same worry if the child matures late. The boy especially places a great deal of importance on maturing and is likely to be burdened with a sense of inadequacy. He may withdraw — or to prove he is not inadequate, he may try to play a role beyond his capacities. Feeling about his rate of maturation may affect him to the point where he needs the help of parents and others.

An understanding of the sex function as a part of attaining adulthood is important at this period to develop a healthy attitude towards sex; to remove the aura of "shame and filth"; and to provide the adolescent with accurate information. This is increasingly being provided in secondary schools, in classes on education in the family, individually by guidance teachers, and through health counselling and guidance in health services.

The homosexual phase of the love instinct takes place during early adolescence. Boys especially turn to their own sex for love, affection and group interest, but both sexes tend to chum within their own sex group as if for moral support. There is a need for interdependency in each other. This is the child's first experience of close dependency on an individual outside the family.

The early stage of adolescence is also the stage of identification with someone else — hero worship. This person may be an actor or actress, famous sportsman, teacher and so on. This identification serves a purpose by giving a pattern of action to an individual who otherwise does not know how to act. Models may be unhealthy ones or very desirable ones. It is advisable to encourage constructive identification in an effort to develop in the adolescent desirable behavior patterns.

Sex interest is more easily aroused in boys, less readily in girls and may lead to masturbation. This may result in a "guilty conscience" accompanied by worry and shame because of the misconception that masturbation causes insanity. We need to accept masturbation as a transitory and passing phase of growing up. Excessive masturbation occurs usually in people who are substituting fantasy for reality. Heterosexual relations are often marked first by shyness, sometimes by loudness and showing off. Becoming interested in one of the opposite sex stimulates sex interest in some degree and there is no general pattern for adolescents to follow in handling these feelings. Unless they feel free to seek the guidance of a person in whom they have confidence, they must find their own way of solving their problems.

In a study in the United States of adolescent behavior among a group of teen-agers who were in need of psychiatric help, it was found that lacking a pattern to guide them, or adequate social outlets, they tended to handle these feelings in various ways. Some marry early, or refrain from mixing with the other sex and tend to idealize it. Others may become promiscuous to a greater or less degree, and still others become homosexuals. Psychiatrists are often confronted with problems that are the outcome of this behavior. Most adolescents have a high guilt complex if they engage in sex practices before marriage. The more promiscuous are usually highly disturbed individuals.

It must be emphasized that there is no standard reaction for this age group, but there are three outstanding factors that determine to a large extent the manner in which the teen-ager deals with his feelings about sex.

1. The age of maturation and the strength of the impulse.
2. The amount of self-control the individual has developed, or has been helped to develop in all phases of living.
3. The richness of resources for self-development, and the social outlets the individual has available through which he can "siphon off" some of these feelings, which will help him handle them without becoming a problem.

The upsurge of strong impulses in the adolescent destroys all feelings previously built up of confidence and security. He fears a hostile world, and blames others for the conditions in which he finds himself. His fear of facing new responsibilities and feelings causes a crisis, as he struggles against parental authority. He has to give up his attachment to his parents on the old basis. His need for emancipation comes into conflict with the fear of isolation. There is conflict between his need for independence and the comfortable dependency and security he must relinquish.

The adolescent has great ideas of his own powers. He feels no limitations so is ready to project himself on the world, though actually some of his capabilities are very limited. The stress and tension accompanying maturation may cause mysterious, unpredictable and offensive behavior in the adolescent, so he needs help in the form of limitations with freedom to experiment within these boundaries. He may need to be separated (not physically) from his parents at this period. He should be "given his head" for a while — allowed freedom to have an independent existence at times. The problems of adolescence are greatly influenced by previous parent-child relationship.

THE SOCIAL WORKER

Recreation for teen-agers is usually a group affair. They are in revolt against adults and gain security by sharing with each other in this revolt. It is necessary, in recreational plans for the adolescent to provide activities that interest him and in which he can gain satisfaction. There must be planning with their own group for: good facilities; good leadership of a special kind by a supporting person who understands the teen-agers' feelings and will not pass judgment; good programs executed with imagination and including heterosexual activities (dances, sleigh rides, parties) as well as homosexual activities (sports, team-play).

The recreational needs of the high school student can be met only if the program provides for: group activity; opportunity to plan and make decisions; a sense of participation, adequacy and success; self-expression; limits in the form of rules and standards.

THE PHYSICIAN

Teen-age troubles are part of the process of growing up, and tend to be over-emphasized by being observed through adult eyes. Adolescents need reassurance about their problems which, though frequently unimportant, seem very important to them. They need help, and should not be expected to react in an adult way. They should be treated as teen-agers and not as adults.

In considering the problems of teen-agers relating to growth and development, chronological age is not of first importance, though adolescents are often worried about their height and rate of sexual development. Each has an individual pattern of growth, which is normal for that student, even though he is at a different stage than his friends. Maturation also occurs at a rate that is normal for each individual. It is affected almost wholly by heredity; beginning with conception, it continues throughout life in some degree. Maturity has to do with emotional development and the effects of environment and experience on the individual's developing ability to gain independence and to plan his own life with a purpose. Some reach this stage early, others never do. Many can be helped to attain it by understanding, counselling and guidance.

Their health is of great concern to teen-agers and it is best to avoid too much emphasis on disease and illness when working with and teaching them. For instance, they can be helped to understand: that menstruation is a normal process, not an illness; to be discriminating and not too concerned about advertising that creates anxiety and fear of offending; the elementary facts of good nutrition, especially in relation to those who are underweight or over weight; that acne is a manifestation of growing up, and meticulous cleanliness is necessary in its treatment; that with proper teaching they can play an important part in accident prevention.

Failure in school is a vital blow at this age as it is a threat to the teen-ager's career. Contributing health factors might be: absenteeism due to chronic illness, fatigue due to insufficient rest or emotional stress, vision or hearing defects, emotional blocks, low intelligence, chronic hypothyroid.

Public health personnel have many opportunities to help teen-agers to attain maturity and to meet the standards involved. By an understanding of their needs and interests; through health counselling and guidance as well as health examination; by an understanding approach when they are in need of our help in solving their problems; through health work and interpretation not only of the teen-ager to parents in home, clinic, school, in industry, but also of the needs, interests and abilities of all youth to community groups.

Fifth World Congress of Catholic Nurses

For the first time Canada welcomed the International Catholic Nurses' Association to its 5th Convention from September 7-12, 1954. Approximately 1500 delegates, representing 25 countries, met in Quebec City to share their ideas and problems, to work and pray together in the common bond of their faith and profession. Mlle M. Bihet of Brussels, Belgium, president of the International Council of Nurses and Miss Ellen Broe, director of the Florence Nightingale International Foundation were present. Msgr. Giovanni Panico, the Apostolic Delegate to Canada, opened the sessions. Civic and religious leaders extended greetings of welcome to this international group.

The program included speakers from various countries, as well as committee discussions. The mornings were devoted to committee work, and separate sessions were held for hospital and public health nurses, medico-social workers, and directors of schools of nursing. Professional preparation, patient care, moral ethics, and psycho-pedagogic study were topics of these conferences. After a short paper, time was spent in discussion, which was most interesting and informative. The afternoons provided opportunities for visits to hospitals, schools of nursing and social services.

Sister Olivia, dean of nursing education of the Catholic University of America, traced the modern evolution and present trends in nursing. Miss T. D'Aoust gave an excellent presentation on the moral and spiritual influence of the nursing profession. Nurses from Malaya told about their problem of upholding ethical principles in a hospital.

The meetings closed on Saturday evening with an address by the Hon. Paul Martin, Minister of National Health and Welfare, and a final word from His Eminence, Paul-Emile Cardinal Leger, who imparted his blessing to the assembly.

Announcement was made of the election of Madame Benoit-Lapointe of Quebec as the new international president of this association. Copies of the proceedings, papers given, discussions, etc., will be available in both English and French by the end of this year.

— Sister M. Felicitas

Some Thoughts on Modern Trends

H. Jean Lynds

I hope that I will be forgiven if this is what John Gunther calls an "I" story. However, as it is composed of my own opinions and observations, it cannot be otherwise. As nurses and their training have long been of especial interest to me, I have chosen this as my subject.

There is a great deal of talk these days about methods of training. Much is said about nurses being exploited because they are expected to provide the bulk of the nursing in the hospitals. I wonder how many of those who figure that the student nurse is being exploited have talked to student nurses about this. Those students to whom I have spoken like to get on the wards and work with the patients while they are studying. It helps them to understand their lectures as any number of clinics could not do.

Another thing that I have against the clinic type of training is that nurses are on the wards hearing bells ringing or seeing lights flashing, as the case may be, and are not responsible for the answering of these calls. This tends to make them lax about answering signals promptly. Since this is most important to the patient, it is essential that it be stressed in nurses' training.

To take responsibility is something that every nurse should learn while she is yet a student. A few years ago there was a period during which only graduate nurses were allowed to scrub for operations, when a ward was never without a graduate nurse, etc. Then as soon as a nurse donned her white uniform she was supposed to know exactly what to do in the operating room or any department in which she might have been placed. To go into private homes with no training in the taking of responsibility is very difficult for a young nurse. A school of nursing with a sufficiency of senior nurses, who are being taught to take responsibility, should be able to manage with a minimum of staff nurses. By teaching students to accept responsibility we would be assuring hospitals of a supply of supervisors and head nurses.

Please, do not misunderstand me. I am not against changes in methods of training. However, I am afraid we are sacrificing depth of basic training to a broadening of subject matter. I feel that, with thought, hospitals can utilize the student nurse without penalizing either the student or the patient.

In the past few years we have heard and read much about the shortage of nurses. There are few hospital or nurses' meetings at which the question of "ways and means of attracting young women to the nursing profession" is not raised.

After some years of reading, listening and observing, I wonder if we are not, to use a slang expression, "missing the boat." In the not too distant past nursing was an ideal. We stressed the good that nurses could do in this world, the mental and physical comfort they could bring to the ailing. We quoted that sentimental poem, "The Nurse," which certainly does not picture nursing as a soft job. Today we bribe the prospective nurse with the promise of the latest in nurses' homes, rooms with every modern convenience and comfort. We promise shorter hours, more and more advanced classroom work and less ward work.

If I were choosing a profession today, after reading and hearing all these arguments about ways and means of tempting young women to be nurses, I would ask myself, "What is wrong with the nursing profession that they

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Miss Lynds is superintendent of the Miramichi Hospital, Newcastle, N.B.

have to bribe and coax young women to become nurses?" Are we forgetting, perhaps, that the girls of today have just as high ideals as the girls in the past? They are just as able and willing to work if they have something for which to work. Not that I advocate the return to twelve hour days, six and one-half day weeks! Far from it! However, in our appeal for nurses, let us stress the need for them as very special and important persons rather than suggest that it is a very comfortable position in which to be.

Safeguarding Narcotics

Amendments to the Opium and Narcotic Drug Act were passed at the 1953-54 session of Parliament. New Regulations, as provided for by the Act, became effective September 15, 1954. A consolidation of the Act as amended and embodying the new Regulations is available.

Sections 22 and 23 of the new Regulations, under the heading "Hospitals," outline the type of records and control which are required to be maintained in these institutions. It is suggested appropriate officials of all hospitals completely familiarize themselves with the provisions of these Sections.

Section 24 and 25 make provision for an inspector of the Department to carry out any inspections which might be required in relation to the conditions under which narcotic supplies are kept, as well as inspecting records maintained for these medications.

Section 28 requires persons authorized to be in legal possession of narcotics to report to the Minister of the Department any loss or theft which might be experienced. It is, however, not the intention of the Department to require hospital authorities to submit a report covering the loss or wastage of a minimum amount of narcotic medication. Only discrepancies considered significant are to be brought to the attention of the Division of Narcotic Control. Naturally, as in the past, suitable entries always should be made in narcotic records to cover any loss of small amounts which might occur as the result of contamination or wastage during the course of preparing medication for administration.

The provisions of Section 29 should also be of interest as the Section establishes the length of time narcotic records must be maintained and the fashion in which they should be kept.

In the Good Old Days

(*The Canadian Nurse* — December 1914)

"The Canadian National Association, (of Trained Nurses) is considering ways and means of purchasing *The Canadian Nurse* and taking over the control of it."

* * *

"All nurses practising in Halifax are registered on a special Registry kept by the Graduate Nurses' Association of Nova Scotia. It is the only Association that controls the whole field of nursing in one locality for they have compiled a list of practical nurses too. However, Manitoba is the only province that really has registration."

* * *

"The Barber Surgeon was introduced into the army in about 1600. He was allowed the privilege of shaving the officers and caring for the wounds of soldiers. His pay was fourpence per day."

* * *

"The graduate nurses in Regina meet once a week to sew for poor families. Since beginning this work in September, three families have been completely fitted out with clothing."

* * *

"Lord Mount Stephen has sent the Alumnae Association of Royal Victoria Hospital, Montreal, the handsome donation of $5,000 for the Sick Benefit Fund."

* * *

"The new General Hospital in Sherbrooke, Que., was opened on October 9, 1914, in the presence of a large gathering of influential citizens."

Marion Lindeburgh's Corner

A Professional Challenge

3. The Ascent of Everest — an Analogy

THE ARTICLE appearing in the October issue of the *Journal* was left unfinished. Readers will recall the suggestion that a few latest issues of *The Canadian Nurse* be used as a means of securing a panoramic view of recent nursing progress which would convey an idea of how far nurses have progressed up the slope of their Everest; also to provide encouragement and confidence to continue the rugged climb. Let us, then, in a spirit of inquiry and serious reflection, cite further accomplishments which should serve as stepping stones (ice-axe holds) up the face of Everest.

Rather than review the remaining issues of the *Journal* singly, it might be well to consider them collectively. It would provide a more logical order to put together the things that belong together. Readers may feel that certain worthy articles have not received merited recognition. Such comment may be commended. They have done a better job than the writer who must confine her sampling to illustrations of forward movements.

As sound organization is basic to effective function and depends primarily upon the calibre of those erecting the structure, let us focus attention on articles relating to *administration and leadership*. What are some of the fundamental qualities which characterize leadership in a progressive organization? Here are some: intelligent thinking, unbiased judgment, broad outlook, tolerance of the opinions of others, willingness to accept tentative decisions as an intermediate step forward — what are others? Experience, of course, in organization work counts for much. We find an article, "The Importance of Knowing" (May) which refers to the responsibilities and leadership of "voting" members in making final decisions regarding the "Structure Study." The far-reaching effect of their studied decisions is stated in the following words:

> Their decisions are not limited to present-day activities. They will affect policy and developments in our association for many years to come. The C.N.A. is still 4 years short of being 50 years old, yet the changes that have come in this relatively short period of years are phenomenal. The decisions to be made this year have, in part, resulted from our rapid growth, from the realization of our maturity as an association and from the demands that the future will inevitably make upon us.

Such a forecast surely reflects competent leadership. The following excerpt might well be adopted as a pledge by those who assume the responsibilities of leadership:

> I will not turn my face definitely against unpopular ideas until I have become convinced of their falsity. All the while I will keep my face to the front working untiringly for those principles which seem to me to be worthy of my support.

Great things have been achieved in the pioneer stages of nursing which carry through marking the character of the organization in future years. To confirm this fact, reference is made to "A Brief History of the C.N.A.," compiled by a past executive secretary of the C.N.A. from official records of general meetings in National Office. Advancements in professional organization are recorded for the first 25 years of its existence. It would be of interest to read it again and reflect upon the influence of early organization in promoting a stronger system in the years that have followed. A review of the first Constitution in contrast to the Constitution and By-Laws as approved this year at the biennial meeting reveals many constructive changes. Perhaps you may have a copy. It is all interesting.

The first significant accomplishment of the National Association formed in 1908 was affiliation the next year with the International Nursing Organization, which from its beginning has fostered international understanding, cooperative relationship, and a world point of view regarding nurses and nursing. In the June Bulletin of the Registered Nurses' Association of Ontario appears a most interesting, dramatic presentation entitled, "From Sairey Gamp to World Citizen," which portrays the present coordinated organization and working relationships with the International Council of Nurses. This presentation can be read with profit. Pioneer nursing leaders who have shown the way are remembered with gratitude and praise. In the words of Miss Mary Agnes Snively in her first presidential address.

> I ask you to consider with me the brave women, strong and true, and the God who led and guided and helped them to make the past our beneficient profession. We are grateful that we do not have to live the past over again and thankful for the heritage into which we have entered.

The establishment of provincial organizations on a self-governing basis was a gradual accomplishment and the recent admission of Newfoundland completes the C.N.A. family. The first meeting of this newly formed provincial association records a healthy birth!

The contribution from National Office (August) under "C.N.A. Committee and Budget Structure" announces a forward looking proposal in organization which, if implemented successfully, will be another evidence of worthwhile progress.

> Working closely with the new committees on Nursing Service, Nursing Education and Publicity and Public Relations, it will be necessary for them to coordinate previously rather isolated activities in such a way that all C.N.A. interest groups will work together for the welfare of nursing in general and for their own groups in particular.

Coordination and cooperation have been objectives and now we are seeing their fulfilment.

The C.N.A. is credited with another enterprise, necessitating sound organization for successful function (September). It pertains to better hospital care for the mentally ill. It has been indicated that patients receive more effective treatment when the various services operate as a team in the care of the mentally ill. This principle of cooperation probably deserves closest attention. Recommendation:

> That the C.N.A., as an organization, indicates to the Mental Health Division of the Department of National Health and Welfare, to the Canadian Mental Health Association, and any other national groups that may be concerned with this problem, a readiness and desire to cooperate in study of the problem of how to provide better nursing service for the patients in mental hospitals; and that the C.N.A. recommend to the provincial nursing associations that they take similar action on the provincial level.

Another worthy step forward in coordination of services!

Much credit is accorded to provincial associations as they undertake new and revised organization. "Changing Gears" (June) provides an example of an undertaking in one province:

> The new Act of the Manitoba Association of Registered Nurses is a modern functional tool, applicable to the needs of the association. It has several new areas of responsibility, among which are: a practice clause and provision for district associations.

Now we must pass on to another aspect. Our editor has given a lead in "Between Ourselves" (August):

> Perhaps the most significant change was the plan to absorb the special interest committees as such within the broad coverage of nursing services and nursing education.

So we shall adopt this plan in noting nursing progress. We shall begin with *public health nursing* which today is in sharp contrast to earlier times as to nature and scope of service as well as the professional qualifications of nurses employed. The role of the present-day public health nurse in the care and prevention of illness, the maintenance and promotion of health of individuals and families and her function as a health teacher is one of the most significant achievements of modern nursing.

Usually public health nurses are centralized in the larger populated areas. There is still much pioneering to do which demands the utmost that they can give. They require the sterling qualities of health, spirit, initiative, and ability to use their own judgment in times of urgency. The Red Cross nurse in an isolated outpost is a good example. An article "Our nurses serve the world" (April) is of particular interest. It records the pioneer work of individual nurses with the W.H.O. some of whom you may know.

The Victorian Order of Nurses for Canada as a public health organization claims a most creditable history. Its efficient organization and administration in providing a family health service, and cooperative undertakings with other organizations concerned with health and welfare is widely recognized. The personnel of the Order is carefully chosen, meeting the requirements of post-graduate preparation and experience. Transfer from one district to another is to the advantage of the nurse as well as to the service. The nurse "carrying the bag" may progressively rise to positions of increased responsibility.

Another special field of public health nursing is *industrial nursing*. In this highly industrialized age the role of the public health nurse in industry is becoming increasingly important. The article, "The Industrial Nurse and the Community" (August) provides a panoramic view of the status and functions of the present-day industrial nurse. It is in sharp contrast to former times when the nurse entered this field with little responsibility except to provide first aid service and with no advanced preparation as a public health nurse.

Nursing service in hospitals has gone through many changes of an up and down nature. Today progress is indicated by many improved facilities and equipment affecting the care of patients. Changing responsibilities of the head nurse, supervisors and administrators have been defined from time to time and greater emphasis is being placed upon the need for post-graduate study to become eligible for these responsible positions. The great advance in medical science affecting the principles and practice of nursing constitutes a constant challenge necessitating changes in nursing procedures and techniques, for the improvement of nursing care.

The value of staff conferences for the purpose of discussion and adjustments of nursing situations, and planned staff education programs are fully recognized. Because of difficulties in administration these profitable undertakings in many instances are not in operation. The institutional nurse no longer works on a 12-hour day plan as in bygone days. With the many adjustments that are being made to lighten her load, the climbing of her Everest is being made much easier.

The Mary Agnes Snively Memorial address given this year has words to remember. Perhaps you have marked in red ink the following:

> What is it that has enabled the nursing profession in one brief century to achieve so dazzling, so tremendous and so inspiring a record?

We pledge ourselves to fulfil this high tribute as best we can as we continue to climb. We are now past the stage of single-handed efforts, scrambling through underbrush, fording turbulent glacier streams and struggling over rocks. We have passed the "tree line" and now are to be roped together in teams and we must take special precautions. In terms of the Everest team we must be sure-footed by replacing the "hob nails" in our boots when they fall out or become worn. We must avoid loose rock which might make us stumble, or injure the team that is closely behind. We must keep our faces well greased to avoid the effects of the blazing sun, and we must take occasional rest, and keep well nourished (as readers of the *Journal*) as did the Everest team in enjoying their canned beef steak. We continue to climb, taking direction from the expert guides who are leading the way.

Nursing Profiles

Ella (Boehme) Donnelly, who was appointed the assistant registrar with the Saskatchewan Registered Nurses' Association some months ago, is a graduate from the school of nursing of St. Paul's Hospital, Saskatoon. The post-graduate instruction and experience in surgery, x-ray and physiotherapy that she received at the Cook County Hospital, Chicago, stood her in good stead when she returned to Saskatchewan and was successively superintendent of nurses at the hospitals in Aneroid, Kincaid and Shaunavon. For an interval of eleven years, she absented herself from active nursing. When she returned to it in 1948, Mrs. Donnelly had the wisdom to reorient herself in the changes that time had brought to nursing. She then assumed the duties of head nurse on a surgical ward at the Ottawa Civic Hospital. For two years prior to her assumption of her present position, Mrs. Donnelly was the Parental Care supervisor and matron of the Saskatchewan Boys' School in Regina.

Dorothy Marianne Dix has joined the staff of the Ontario Department of Health as an addition to the division devoted to the inspection of schools of nursing. Graduating from the Toronto General Hospital, Miss Dix was awarded the Flavelle Scholarship for post-graduate study in a Canadian University. She enrolled at the University of Western Ontario, London, and secured her Bachelor of Science degree in 1951. Since then she has been engaged as science instructor and medical clinical supervisor in the Toronto General Hospital school of nursing. With youthful vigor, Miss Dix admits to a long list of outside interests — travelling, photography, golf, tennis, skiing, volunteer work in a community centre, alumnae and church work. We hope she will spread her enthusiasm for hobbies to the staff members and students she meets during the course of her visits to the schools.

DOROTHY M. DIX

Jeanie S. Clark brings to her duties as director of nursing of the University of Alberta Hospital, Edmonton, an uncommonly broad understanding of many aspects of nursing. Following her graduation from that hospital and the completion of her work for her B.Sc. at the University of Alberta, Miss Clark spent two years in rural health unit work in Alberta. A few months of general staff work in tuberculosis was followed by a period with the Calgary Department of Health when she was in charge of the infant and preschool clinic.

JEANIE S. CLARK

Recipient of a Rockefeller fellowship, Miss Clark studied administration in public health nursing and secured her Master of Public Health. She returned to Alberta as director of the public health nursing branch of the provincial department of health. A few years later her thirst for knowledge and skills led her to Scotland where she became qualified in midwifery with her C.M.B. In 1952 she returned to the University of Alberta Hospital as educational supervisor.

Miss Clark has always been very active in association affairs and is a past president of the Alberta Association of Registered Nurses.

Vera Isabel Misener is now the director of nursing at Victoria Hospital, Winnipeg. After teaching school for several years, Miss Misener entered the school of nursing of St. Joseph's Hospital, Port Arthur, Ont. Following graduation she brushed up on educational principles through the course in teaching and supervision at the University of Toronto School of Nursing. Since then she has served as instructor at St. Joseph's, the Dauphin General, Medicine Hat General and in the hospital where she has now become director. She also served for four years as superintendent of nurses at the Medicine Hat General Hospital. To this sound knowledge of school of nursing work is added a keen interest in and friendliness toward people. She is an enthusiast for painting in oils, wood working and needlepoint.

Madge McKillop has become director of nursing of the Montreal Division of the Royal Edward Laurentian Hospital succeeding **Olive Fitzgibbon** whose long years of devoted service and untiring effort built up a high standard of care for tubercular patients. A graduate of the Moose Jaw General Hospital, Miss McKillop received her Bachelor of Nursing through study at the McGill School for Graduate Nurses. During World War II she served as a nursing sister with the R.C.A.M.C. in England, North Africa and Western Europe. She joined the staff of the Royal Edward in 1947 as clinical instructor and latterly has been the associate director in charge of education. Miss McKillop is a member of the Quota Club.

Sheila Nixon

Sheila Margaret Lilian Nixon has become the director of nursing of Children's Hospital, Winnipeg. Born in England and brought up in Brandon, Man., Miss Nixon served for six years, during World War II, as a V.A.D. with the British Red Cross Society, attached to the Royal Navy. She was awarded the A.R.R.C. in 1943 for meritorious service. She enrolled in the school of nursing at the Toronto General Hospital at the close of the war and since graduation has earned her bachelor's degree from the University of Western Ontario and her master's from Teacher's College. For the past four years she has been assistant director of clinical experience at the Ottawa Civic Hospital. Miss Nixon has been too busy studying and working to have had time for hobbies. We hope her new duties will allow her both time and opportunity for some interesting avocation.

Evelyn May Robson has taken up her duties as director of nursing and principal of the school of nursing at Victoria Hospital, London, Ont. A graduate of the Toronto General Hospital, Miss Robson holds her Bachelor of Science degree from Teachers College, Columbia University, where she majored in administration and guidance in basic professional schools of nursing. The broad experience she received as head nurse, supervisor, instructor and educational director at T.G.H. was excellent preparation for the increased responsibilities Miss Robson assumed when she became assistant director of nursing at the General Hospital, St. Catharines, Ont. For nearly four years she served as director of nursing in the Civic Hospital, Peterborough, Ont., before assuming her present position. Miss Robson has been a member of the Soroptimist Club and enjoys reading, the theatre, bridge and motoring for relaxation.

Irene Maude Barton is enjoying the luxury of having time on her hands since she retired from the activities involved in being matron of the Veterans' Home and

Davidson, Winnipeg

IRENE BARTON

district matron for the Department of Veterans Affairs, Winnipeg area. A Maritimer by birth, Miss Barton graduated from the General Hospital, Moncton, N.B., in 1913. Shortly after completing a course in operating room technique, she enlisted in the Canadian Army Medical Corps and went overseas. For three years she was in France engaged in operating room work in Casualty Clearing Stations or supervising special fractured femur wards at Etaples. When she returned to civilian nursing in 1920 she spent four years as operating room supervisor at the Galloway-Gibson Orthopedic Hospital in Winnipeg. The lure of distant fields drew her to Mexico City for a couple of years where she was superintendent of the American Hospital. She came back to Canada in 1926 and returned to the work she loved — caring for the veterans. For 20 years she occupied positions from staff nurse to matron at Deer Lodge Hospital, moving to the post she has recently vacated in 1946.

"Bart" as she is affectionately known to her host of friends, maintains her lively interest in the affairs of the Canadian Legion. She is a charter member of Deer Lodge Branch. She has always been genuinely interested in the well being of others, especially children. She will have time now to achieve her goal of being the best unpaid baby-sitter in Winnipeg. Miss Barton is a past president of the Manitoba Association of Registered Nurses and is an active member of the Business and Professional Women's Club.

In Memoriam

Willa (O'Donnell) Argue, who graduated from the Toronto General Hospital in 1913, died at Mount Forest, Ont., on September 12, 1954.

* * *

Eva (Kittner) Carpenter, who graduated from the Toronto General Hospital in 1916, died recently. After graduating she was on the staff of T.G.H. for five years. At the time of her death she was chairman of management, Humber Memorial Hospital.

* * *

Gertrude E. Durie, who graduated from the Toronto General Hospital in 1921, died in July, 1954.

* * *

Eva Pearl (Eastwood) Gerell, who graduated from the Toronto General Hospital in 1914, died at St. Louis, Mo., on March 23, 1954.

* * *

Claude Marie (Christiansen) Knight a graduate of the General Hospital, Selkirk, Man., died there on October 1, 1954. Mrs. Knight had served for 30 years as a supervisor at King George Hospital, Winnipeg.

* * *

Grace (Flaglor) Lewin, who graduated from the General Hospital, Saint John, N.B., in 1903, died at Renforth, N.B., on October 5, 1954, after a brief illness. Following the death of her husband, Mrs. Lewin served on the staff of the General Hospital for 10 years before being named to the post of supervisor of nurses at the Provincial Hospital in Saint John. She had retired in January, 1954.

* * *

Ella Mae (Ratz) Miller, who graduated from the Toronto General Hospital in 1921, died in California in May, 1954.

* * *

Fanny Munroe, who graduated from the Royal Victoria Hospital, Montreal, in 1914 died there on October 17, 1954. She had been ill for a fortnight.

IN MEMORIAM

Rice, Montreal

FANNY MUNROE

Fourteenth president of the Canadian Nurses' Association, 1944-46, Miss Munroe received the Royal Red Cross for service overseas during World War I. She returned to R.V.H. following the war, leaving to go for a year as assistant to the superintendent of nurses at the General Hospital, Buffalo, N.Y. In 1924 she took a similar post at the Royal Alexandra Hospital, Edmonton, later becoming the director of nursing there. Her appointment as principal of the school of nursing at the Royal Victoria Hospital came in 1938. She retired from active duty in 1949.

* * *

Pearl Locke Paul, who graduated from St. Boniface (Man.) Hospital in 1915, died in Winnipeg on September 30, 1954, at the age of 60. After serving overseas with the C.A.M.C. during World War I, and after a short period of private nursing, she joined the staff of Deer Lodge Hospital where she worked as assistant matron until ill health forced her retirement in 1948.

* * *

Ida Winona (Sharpe) Sachse, who graduated from the Toronto General Hospital in 1893, died at Tacoma, Wash., on February 6, 1954.

* * *

Germaine Tessier, who graduated from Notre Dame Hospital, Montreal, in 1927, died in Ottawa on October 6, 1954, after a long illness. She was 50. Miss Tessier had spent her active years in nursing as a member of the nursing staff of the Metropolitan Life Insurance Company. She left that service in 1952 and latterly had worked at St. Anne de Bellevue (D.V.A.) Hospital.

* * *

Bessie Louise (Johnson) Wallcott, who graduated from the Toronto General Hospital in 1913, died recently.

* * *

Olive Louise Willcock, who graduated from the Toronto General Hospital in 1920, died on August 29, 1954. Miss Willcock was an assistant operating room supervisor at T.G.H. for some time. Later, she engaged in private nursing.

Ten Commandments

Canadian Business suggests that the Freuhauf Trailer Co. is setting an example of industrial citizenship with the display of a poster which has been described as the "Ten Commandments of Good Business." Try adapting this to your nursing organization; substitute patient for customer, your organization for business.

1. A customer is the most important person in any business.
2. A customer is not dependent upon us — we are depending upon him.
3. A customer is not an interruption of our work — he is the purpose of it.
4. A customer does us a favor when he calls — we are not doing him a favor by serving him.
5. A customer is part of our business — not an outsider.
6. A customer is not a cold statistic — he is a flesh and blood human.
7. A customer is not someone to argue or match wits with.
8. A customer is one who brings us his wants — it is our job to fill those wants.
9. A customer is deserving of the most courteous and attentive treatment we can give him.
10. A customer is the life blood of this business.

News and Echoes

from

Your NATIONAL OFFICE

Men in Nursing

IN A NEW BOOK "American Nursing" by Mary M. Roberts an entire chapter is devoted to Men Nurses. It is most interesting to read about the long history of men in nursing. Following upon World War II there has been a considerable increase in the enrolment of men in schools of nursing, influenced probably by war-time experiences, and later, opportunities under the G.I. Bill of Rights. In 1930 the bylaws of the American Nurses' Association were revised to allow properly qualified men nurses to be admitted to membership. Since that time they have become active in both state and national organizations.

As far as Canada is concerned, most men nurses have graduated from mental hospitals. In Nova Scotia at least two men have completed post-basic courses in nursing education and are presently employed as instructors. However, greater financial returns from industry and other occupations continue to keep the number low. Married women return to nurse because of their love of nursing or to supplement their husbands' incomes before or after their child-rearing responsibilities. Married men in nursing must be prepared to be the entire support of their families. Nevertheless there are many opportunities for them. Those who wish to increase their earning power will find that further preparation can be obtained in universities and there will be no lack of positions for them when they have a diploma or degree. Our mental hospitals can use any number of prepared men as can teaching, administration, and various hospital departments. One of Nova Scotia's largest general hospitals has a man as operating room supervisor.

Clinical experience has created some problems. In most cases urological or psychiatric nursing has replaced obstetrical nursing experience and in one province, pediatric nursing. Certainly men have done well in pediatrics in both Britain and the United States. One province requires men to have an observation period of four weeks in an obstetrical unit but does not require practical experience. It is difficult to see whether our reasons for restricting either of these services are valid. The greater percentage of our doctors are men!

The Weaker Sex?

Some of our C.N.A. members had an opportunity recently, along with women from other organizations, to show that, should an emergency arise, they can use brawn as well as brains. At the Federal Civil Defence College in Arnprior, Ontario, over 50 representatives from various women's organizations spent five days learning fire-fighting, rescue, radiation detection, and other disaster techniques. According to the stories one has heard, the grand finale involved lowering the Federal Civil Defence Co-ordinator by a rope from a second story window. It is hoped that a full description of the course will be given later in *The Canadian Nurse.*

With Our Association Members.

With the C.N.A. having set the pace in reducing its number of national committees, three provincial associations have voted to follow a similar pattern. During September the members of the Manitoba Association of Registered Nurses, New Brunswick Association of Registered Nurses, and the Association of Nurses of Prince Edward Island accepted changes in their By-Laws which set up committees similar to those of C.N.A. This action will greatly assist our national association in carrying out its function in advising and guiding its constituent members. The membership of the five national committees is made up of the chairman and at least three other members in her vicinity, plus the chairmen of the corresponding committees in the provinces, or of appointed representatives. The more parallel structure, nationally and provincially, will facilitate the flow of information in both directions.

Visitors to National Office

Last year in Brazil many of our members had an opportunity of meeting Mlle Marie Bihet, president of the International Council of Nurses and Miss Ellen Broe, director of the Florence Nightingale International Foundation. Now many more of us have had this pleasure as both these well-known international nurses visited Canada in September. Not the first visit of either, they continued to be impressed with the feeling of goodwill between nurses of our many regions and beliefs. We, with our nearly 36 thousand members, are a great support to the I.C.N. with an enormous potential contribution to nursing.

One of our C.N.A. members who has played an active part in the development of the I.C.N. as well as our own association, paid us a welcome visit. Miss Grace Fairley, former C.N.A. president and officer of the I.C.N. has been spending some time in Montreal. Her interest and enthusiasm for nursing have not been decreased by her retirement.

Nouvelles et Echos

Les hommes dans La Profession d'infirmières

Le nouveau livre "American Nursing" de Mary M. Roberts, contient un chapitre entier sur les hommes embrassant la carrière infirmière. Le rôle joué par les hommes, dans le cours des siècles, auprès des malades est des plus intéressant. Après la seconde guerre mondiale, le nombre de jeunes gens inscrits dans les écoles d'infirmières augmenta considérablement, cette augmentation fut attribuée à l'expérience subie au cours de la guerre et à certains privilèges accordés aux anciens combattants. En 1930 les règlements de l'Association des Infirmières Américaines furent amendés afin de permettre l'admission comme membre, de tout homme ayant suivi le cours régulier offert aux infirmières. Depuis ils ont pris part, d'une manière active, aux organisations provinciales et nationales.

Au Canada la plupart des hommes qualifiés sont des diplômés d'hôpitaux mentaux. En Nouvelle-Ecosse, deux hommes ont suivi des cours post-scolaires en éducation et sont emloyés actuellement comme professeurs. Toutefois, le nombre des hommes qui s'engagent dans la profession reste petit à cause des salaires élevés offerts par l'industrie.

Les femmes mariées, une fois leurs enfants élevés, reviennent à la profession soit parce qu'elles aiment soigner les malades, soit pour augmenter, par leur travail, le revenu familial. Les hommes mariés qui ont fait du nursing leur profession seront l'unique soutient de la famille, néanmoins il y a bien des postes qui leur sont accessibles.

Ceux qui désirent acquérir un meilleur salaire, pourront suivre les cours offerts par les universités et ils trouveront que les postes de commande ne manquent pas pour ceux qui ont un degré en nursing.

Les hôpitaux pour malades mentaux peuvent employer un certain nombre d'hommes bien préparés aux soins des malades, à l'enseignement et à l'administration. Dans un des plus grands hôpitaux de la Nouvelle-Ecosse, le surveillant des salles d'opération est un homme.

L'expérience clinique chez les hommes étudiant le nursing offre quelques problèmes. Ordinairement les soins aux malades en urologie et en psychiatrie remplacent ceux donnés en obstétrique et en pédiatrie. L'on signale à la fois, à certains endroits de la Grande-Bretagne et aux Etats-Unis, que les hommes ont bien réussi en pédiatrie. Dans une province l'on exige que les étudiants fassent un stage d'observation de quatre semaines en obstétrique sans toutefois exiger un travail pratique. Pour quelles raisons

tenons-nous les étudiants en nursing éloignés de ces services, la majorité de nos médecins ne sont-ils pas des hommes?

Le Sexe faible?

Quelques membres de l'Association des Infirmières Canadiennes ont eu l'occasion dernièrement, de montrer qu'en cas d'urgence elles pouvaient travailler aussi bien de la tête que des bras.

Au collège de la Défense Civile à Arnprior, Ontario, plus de 50 femmes, représentant diverses organisations féminines, ont eu l'occasion d'apprendre à combattre un incendie, à secourir des blessés, à déterminer le degré de radiation et diverses techniques utiles en cas de désastres.

La dernière histoire qui se chuchotte est celle de la descente du Coordinateur fédéral de la Défense civile d'un deuxième étage, par un câble suspendu à une fenêtre par l'une de ces dames. Nous espérons qu'un compte-rendu substantiel de ce cours sera donné dans l'Infirmière Canadienne.

Nos Associations Membres de l'A.I.C.

L'A.I.C. a pris le pas en réduisant à trois le nombre des comités nationaux, trois associations provinciales ont adopté la même ligne de conduite. En septembre dernier, les Associations provinciales du Manitoba, du Nouveau-Brunswick et de l'Ile du Prince-Edouard ont modifié leurs règlements dans ce but. Ce changement facilitera le travail du secrétariat national. Etant donné que les cinq comités nationaux sont composés de leur convocatrice respective, d'au moins trois autres membres résidant dans la région avoisinante et des convocatrices des comités provinciaux correspondants ou de représentantes; la similitude dans la structure des comités nationaux et provinciaux est de nature à favoriser les échanges de renseignements dans les deux directions.

Visiteuses au Secrétariat National

L'an dernier au congrès du Brésil, plusieurs de nos membres eurent l'occasion de rencontrer Mlle Marie Bihet, présidente du Conseil International des Infirmières et Mlle Ellen Broe, directrice de la Fondation Internationale Florence Nightingale. Ce plaisir a été partagé par un plus grand nombre, lors du passage de ces deux infirmières au Canada. Elles n'en sont pas à leur première visite dans notre pays, comme par le passé, elles nous ont laissé l'impression de leur désir d'une bonne entente entre infirmières.

Une infirmière, qui a favorisé par son travail l'essor du Conseil International des Infirmières, Mlle Grace Fairley, ancienne présidente de l'A.I.C., nous a fait une visite durant un séjour à Montréal. L'intérêt et l'enthousiasme qu'elle montre envers la profession, bien qu'à sa retraite, sont toujours aussi vifs.

Food Folk Lore

It is interesting that food folk lore, which is based on many millions of observations made since man was able to communicate the acquired knowledge of one generation to the next, anticipated some of the discoveries of the modern science of nutrition. For example, it is now known that pregnant and nursing women require a diet rich in calcium. In Northern China powdered deer antlers, which are rich in calcium, have long been used to prevent the ill-effects of calcium deficiency in mothers. It is now known that endemic goitre is due to lack of iodine. The Chinese, and later the Greeks, used certain kinds of sea-weed which are rich in iodine to cure these diseases. The North American Indians used pine needles, which are rich in ascorbic acid, to cure scurvy, long before the discovery of vitamins. Natives of Kenya, on long and arduous journeys in tropical heat, sucked salt-rich earth to prevent the onset of muscular pains, fatigue and malaise, long before a distinguished British scientist discovered that these symptoms in miners are due to loss of salts in heavy perspiration, and can be prevented by the consumption of food and drink rich in salt. Salt pellets are now given to soldiers in the tropics, and are more effective in preventing heat-stroke than sun-helmets.

* * *

Few things contribute more to ill-health, discomfort and depression than foot troubles. Not only can many foot ailments be cured by expert treatment, but many of the causes of permanent deformity can be prevented by foot hygiene and the proper selection and fitting of footwear.

— *British Journal of Nursing*

Wanderlust

Virginia L. Wilson

Wanderlust is an urge that may infect a large number in a nursing school. Perhaps as finishing time approaches it becomes more prominent. Many hours are spent dreaming of the attractive salaries of Alaska, the warm sands of Bermuda or the charm of Europe. Most frequently these dreams are replaced by domestic manifestations, the decision to settle into a nursing specialty or shattered by the impossibility of being completely removed from all that is familiar. I don't advocate that all should follow their desire to wander, but I do want to say that it is possible, especially as a nurse, to see a bit of the world and to learn much.

Switzerland, to me, had always seemed utopia! I had visioned it as a country of flowers, mountains, quaint houses and snow. I have not been disappointed. I have been here for several months working in Lausanne at L'Hôpital Cantonal. There are still mornings when I wake up and wonder how I got here. However, it doesn't take long for me to realize that I owe a debt to the Canadian Nurses' Association.

It usually takes two minds to try such a venture, so my partner in thought and I wrote to the Association for information. We were grateful then for their assistance, but now I think we were not appreciative enough. Once we had received their Canadian Nurses' Exchange Program forms the plans rolled ahead and were completed in three months without complications. The Canadian Nurses' Association worked through Association Suisse des Infirmières et Infirmiers Diplômés. We had stated our desire to work in Lausanne and the Association Suisse found us positions here. We were cordially received by the secretary of the association in Geneva. She was most helpful — supplying details of our work, finding us lodgings, solving direction problems and generally displaying fine international relationships. We went then to Lausanne, liked what we saw and settled down taking a month to explore and become accustomed to life here.

This is a general hospital of 1,000 beds with a school of nursing. There are many buildings housing the different departments. Pavillon Chirurgical, where we spend our working days, is attached to the main building. I will speak most of the pavilion for it is this that I know. It is also the most modern department, having been finished only five years ago, so there is every convenience in a neat set-up. The out-patient department — with no shortage of examining and dressing rooms — is usually the scene of a well-conducted clinic, except when an ambulance comes up the hill blowing its fog-horn whistle... then the universal, momentary distractions occur.

The operating room is a haven for the men with scalpels and, it would appear, a joy to the nurses who work there. There are three theatres, each with an anesthetic room and a post-operative room. The patient is placed on the operating table in the anesthetic room. Then by means of wide, sliding doors the bed is easily moved into the post-operative room. By the time the next patient is brought up, the former is ready to go to his ward. I am impressed by this system as it eliminates a clutter of beds in the corridor and the complication of moving one bed to get another past.

The sterile technique is quite different from what I learned in Canada. It seems, in fact, much less sterile as is indicated by the scrub-nurse, a sister wearing a dainty muslin bonnet tied beneath her chin. The bow is always outside her sterile gown, often rubbing

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Miss Wilson was a 1951 graduate of the Royal Victoria Hospital, Montreal. After her experiences abroad she is now working in Toronto.

against the Mayo stand. Nor does she hesitate to leave the room to order another retractor sterilized, if the hustler happens to be occupied. For each case there is one scrub-nurse and one hustler — a male nurse. I can see that this has its advantage when there is lifting to be done. The students learn only general theory and modes of sterilization. They observe daily in their two months' training. However, to become a scrub-nurse requires a six-month post-graduate course.

The remainder of the pavilion is composed of four floors. There are public floors of ten rooms, each with two beds. It is here the patients receive specialized post-operative care, remaining until they have recovered from the initial post-operative stage. They are then moved to the large public wards in the main building. This has its advantage to patients, as well as doctors and nurses, in that when they are sick they have the sanctuary of comparative privacy. When they are convalescent, they are removed from the unpleasant reminders. More nurses are on duty in the pavilion to take care of the extra work of post-operative care. It makes easier the work of the nurses in the large wards who have many to care for as all of their patients have passed the critical stage.

As for the work, we have become easily adjusted and find most procedures basically the same. It is, however, interesting to note the variations in method and routine. Some are improvements, but generally I would say that we are more advanced.

The nurses work an eleven-hour day — from 7:00 a.m. to 8:00 p.m. with two hours off. The students must commence work at 6:30 a.m. It is a long day but it allows plenty of time to get things done so that it does not seem hard and we are never rushed. We cannot quite see the feasibility of this arrangement, for we feel that the work could be accomplished in eight hours with fewer nurses. There is, in the pavilion, an average of two patients per nurse, so it would seem that shifts might be arranged.

The training period is three and a half years. With such long working hours, there is not much time for pleasure. Hospital dances are never held and house rules do not provide much evening time so the Swiss student's life is really quite different from ours. The lamp is quite heavy!

This is where we began to realize that the Canadian Nurses' Association is not just something to which part of our provincial fee goes but is an organization that is really concerned with promoting our welfare. We now appreciate fully the ease with which our dream was made possible. There are many Swiss nurses desiring to go to Canada who spend a year filling out forms. Even then, they may run into barriers. I do not know what the barriers are — whether they arise on this side of the ocean or in Canada — but it would seem a greater interest in exchange of nurses should be possible. It is now quite evident to us that we have an association to be proud of. It is satisfying to be a Canadian nurse!

You may wonder how we managed about the language problem. There is no Swiss language. As the country borders on France, Italy and Germany, all three languages are spoken. Lausanne is in the French section and because we are from Canada it was taken for granted that we spoke French. Being Maritimers (and for those who are listening — from the jewel of the Dominion) we have found that our high school days when French was a bore were wasted hours. The month before working, however, we took time for some concentrated lessons and by avoiding the English-speaking element here it has not proved an impossible hurdle. We now speak fairly well, understand even better and find all with whom we come in contact most helpful. Although there were times when flower vases were almost given for that most obvious hospital item, there have been no major disasters.

One big problem was how we could get time to ski when we worked six long days a week! Our director agreed to give us a week's vacation when we didn't do anything else. Sundays are

(Concluded on page 1009)

Student Nurses

Esophageal Lye Burns

Asnath Heyn

Virginia, a three-year-old Indian girl, was brought into hospital from the north country by the R.C.M.P. Two weeks prior to admission she had swallowed an unknown quantity of lye. It was not known what or if any treatment had been administered at the time. Almost nothing was known of her family. On admission she was a well nourished, tanned child in no distress. The reason for admission was that she periodically vomited mucus especially when she was tired or in the horizontal position.

Physical examination: The mouth did not appear burned or to be causing any pain. Eyes, ears, nose and throat — good. Chest — no murmurs, no rales, no cough. Pulse — 100. Blood pressure — 100/70. Abdomen — scaphoid, no masses, inguinal nodes enlarged. Reflexes — good.

The diagnosis was an esophageal stricture due to burns received when lye, a strong alkaline liquid, was swallowed. Scar tissue formed and contracted so a stricture resulted.

In an esophageal burn that is circumferential in nature a circular stricture results. If untreated, the stricture may become so great that food and eventually even fluids cannot pass into the stomach. Usually there is immediate pain, shock, prostration, vomiting of blood, mucus, and sometimes mucous membrane. There may be difficult respirations due to edema from inflammation or collection of mucus in the pharynx. Swallowing may be painful or impossible although often it is not interfered with until the stricture becomes severe. There may be suppuration or even perforation of the esophagus. Severe hemorrhage may develop later. Symptoms of esophageal stricture occur one week to two months following the injury. At first the patient regurgitates solid foods, then gradually fluids, resulting in loss of weight, malnutrition, and dehydration.

Laboratory tests:

	Virginia	Normal
	Urinalysis	
Color	Straw	Straw
Character	Cloudy	Clear
Sp. gravity	1.019	1.015-1.025
Ph. value	Acid	Usually acid
Sugar	Negative	Negative
Protein	Negative	Negative
	Hematology	
Hemaglobin	97%	80-100%
W.B.C.	6650/cmm.	5000-9000/cmm.
Pm. neutrophils	44%	60-75%
Lymphocytes	56%	20-25%
Hematocrit	47%	45%

The cloudiness of the urine was probably due to the presence of pus cells resulting from infection of the burns and insufficient fluid intake. A polymorphoneutrophil increase usually indicates bacterial infection. The increase in lymphocytes was probably due to enlargement of the inguinal nodes.

When she came to us, Virginia could not speak or understand English. She learned things like brushing her hair, brushing her teeth, washing her hands before meals and after going to the bathroom by watching other children and being shown by the nurses. She had daily tub baths. She received frequent treatments to her head for pediculi and was constantly watched for the presence of nits.

The emergency treatment of a lye burn includes neutralization of the chemical, morphine for relief of pain and sedation, aspiration of pharyngeal fluid, if necessary, and treatment of shock. However, Virginia's burns had

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Miss Heyn prepared this study as a student at the University Hospital, Edmonton, Alta.

passed the acute stage so the following was her treatment:

A braided silk thread with a metallic bead was swallowed three times in an attempt to provide a means by which later the esophagus could be dilated. X-rays were taken to establish the position of the bead. The first time it did not pass the stricture. The second time the bead was seen in the small intestine. Each time the bead and thread were coughed up with mucus.

Fluids were forced. High protein and high carbohydrate milk shakes were ordered to treat malnutrition and dehydration. Most fluids were vomited but clear fruit juices were retained if given in small amounts frequently. Virginia was given a kidney basin into which she learned to vomit rather than on the floor. She gradually lost weight and became weaker. Sufficient rest at night and during the afternoon was important at this time.

An esophagoscopy revealed a stricture through which the esophagoscope would not pass in the lower third of the esophagus.

Two weeks after admission she was prepared for surgery. An enema was given the evening before to lessen nausea post-operatively. Her skin preparation was from nipple line to pubis and from bedline to bedline. The pre-operative medication was atropine gr. 1/200 subcutaneously. Atropine decreases secretions of the body especially mucus secretions of the gastrointestinal tract, inhibits intestinal peristalsis and stimulates the nervous system and heart. The anesthetic, pentothal sodium 5 cc., was given rectally. It is also a sedative, hypnotic, and an anti-convulsant. A nurse remained with the child from the time the anesthetic was given until she was taken to the operating room to make certain of an adequate airway and to watch for disorientation, convulsions, depressed respirations or coma which are the untoward symptoms of pentothal.

A gastrostomy was performed, a loop of gastric mucosa being brought up to the surface. A new thread was passed through this opening, up the esophagus, and through the nasal orifice. The gastrostomy was a means of feeding the patient and was used later for dilatation of the stricture from below. Blood, 150 cc., was administered intravenously during surgery. Her post-operative condition was good.

Immediately post-operatively she was placed in Trendelenberg's position to ward off shock and prevent the aspiration of mucus and possible vomitus. The pulse, blood pressure and respirations were taken every fifteen minutes to detect signs of shock and hemorrhage. When these were stable they were taken every four hours with the temperature. Virginia was urged and shown how to breathe deeply. She was turned frequently to aid in the prevention of pneumonia.

An intravenous solution was given post-operatively to prevent shock and dehydration and provide nutrition to the body. Demerol, 20 mgm., was given every four hours as necessary as an analgesic. Dicrysticin b.i.d. for six days was the bacteriostatic antibiotic given intramuscularly.

Nothing was given by mouth. Wangensteen suction through the gastrostomy was used for three days to remove fluid and blood from the stomach, thus preventing pressure on the sutures and promoting healing. It also prevented nausea, vomiting and gas formation. The Wangensteen was irrigated every four hours to prevent it from blocking. Mouth care was given frequently to clean and refresh it. Intake and output were carefully charted.

The suction was gradually clamped off for periods and was discontinued the third day. Sips of water orally were now tolerated. This prepared the stomach gradually to receive and retain fluids. Glucose 5% in water was given by drip method into the stomach through the gastrostomy the third post-operative day. This was well retained. Because Virginia was receiving sufficient fluids the urine was no longer cloudy.

The next day she was given high protein eggnog 2 oz. every hour by gastrostomy. She received 1,520 calories in 24 hours from these feedings. She was also taking fruit juices orally. Each tube feeding was followed by sterile water to prevent infection. The dressings were changed frequently to keep the area clean. Virginia often played

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with the dressing and removed it. After several warnings, arm restraints had to be applied to protect the operative area. From this she learned to leave the dressing untouched.

On the ninth day the sutures were removed. The wound was healing well and the catheter and string were in place. Two days later she developed a temperature of 102° rectally and a nasal discharge. Dicrysticin was again given for two days. Ascorbic acid ½ gm. was put in one tube feeding every day. Ascorbic acid prevents scurvy, lesions of the alimentary canal, pyorrhea, infections of mouth and gums, and anemia. Magnolax, ½ ounce, was also given through the gastrostomy every day. She was weighed daily and gradually gained weight and sufficient strength so that by the 14th day tube feedings were given only every two hours. A little extra effort was taken to make the feeding time pleasant to provide better digestion and also to teach Virginia that meals should be pleasant, social affairs.

Two weeks after surgery the first dilatation through the gastrostomy was done with a No. 12 retrograde bougie. Sodium pentothal was given one-half hour previously. The dose of pentothal gradually had to be increased, as she received dilatations, to keep her well anesthetized. During the next three months dilatations were given regularly with gradually increased size of dilators to No. 37 retrograde dilator. At first blood and mucus were vomited immediately following dilatation but this gradually diminished until there was no more vomiting.

Three weeks after surgery the tube feedings were discontinued. Virginia was given high protein milk shakes and soft diet by mouth. She loved fruit juices and sweets. She drank much juice because she was able to retain it very well. This probably accounted for the trace of sugar that appeared in her urine. She vomited quite frequently at first but as the dilatations progressed she vomited less frequently. When she ate too quickly or did not chew her food well she vomited more easily. On discharge she was gaining weight normally but still vomiting at times. Mucus still collected and caused occasional trouble.

The prognosis is good. She will receive dilatations every month as an outpatient until her esophagus is a normal diameter and there is little chance of further contracture. Then the gastrostomy can be closed. She should be able to live a normal life and the stricture should not recur.

Our time with this little girl has shown us what a great influence — good and bad — such a hospital experience can be in the life of a child. Virginia's whole life changed completely when she was admitted. It is therefore not surprising that she developed some social problems in hospital. Her mother and friends never came to visit her during her hospitalization.

Virginia had pediculi when she came to us. Perhaps for this reason the staff tended not to give her as much friendly attention as was given the other children. She was always very hungry, since so little food was retained, and became quite sly at taking whatever food she could find. This may have been the beginning of a habit she developed of taking things from other children and running away with them. She began wetting her bed after the operation. This may have started when there was no nurse around in the night. At first when she was found wet nothing was said because it was felt she could not be blamed and so a habit was formed.

She later developed temper tantrums which may have arisen from the fact that she did not receive the same affection that the others did from the staff; seeing other children have visitors and receive toys while she had none; seeing other children eat when she could not, especially at treat time; not understanding things that were done to her because of the language problem. Postoperatively Virginia was very good and not at all demanding or complaining. The staff then, perhaps, "spoiled her by doing many things for her and giving her extra attention, even when she was up and about, so that she came to expect it as routine.

She began learning a few English words so that eventually she could understand the nurses quite well and

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could make herself understood. She was awakened several times during the night to void and was taught the word "potty" till she finally asked for it when she needed it or just went to the bathroom when she was able to. She was praised for this and bed wetting stopped.

After the tube feedings she gained weight and vitality. She became very active and mischievous perhaps seeking more attention — for the lack of something better to do, or perhaps because she was that kind of a little girl.

When she took things from the other children she was often told, "No, no. Leave it alone, it belongs to Jimmy." She played with hospital toys but so did all the other children. They became afraid of her because she ran away with their things.

We realized that Virginia was a small person with reasons for her behavior. She needed to be taught more English before she could learn to conform. It was decided that she should be given something of her very own to play with so she would not take things from others and that efforts should be made to direct her activity away from mischief. Since she had no parental love or outside friends, the staff began doing extra things for her. Sometimes someone would take her out for a walk and buy little things for her. She loved to help the nurses push the cart around at nourishment time and distribute juices and goodies. Special effort was directed to teaching her more words with such an excellent response that before long she "made rounds" with doctors or nurses telling them the names of new patients, explaining that some child had been to the "O.R." or another had gone home.

Virginia was a bright child with a will of her own. She needed honest explanation at her own level to win her confidence and cooperation. For example — on the mornings of her dilatations she was told she could not have breakfast until the doctor had come to see her. She was kept in her cot so that she could not find any food. Her bed was moved out into the hall so that she could not see the other children eating. Gradually she came to accept this and seemed to understand that it was done to help her even if she did not like it.

After five months of hospitalization Virginia was sent to a foster home where she will live until she has received all the dilatations she will need. Then she will be sent back to her home in the North. At this foster home she can live as normal children do.

In retrospect, we feel we could have avoided the development of many of the problems we experienced with Virginia. On the other hand, we feel that she left us with many good habits well established and with very little fear of doctors, nurses, and hospital care.

Strange, we so toil to fashion for our unseen ends
The splendors that the tarnish of this world doth mar —
Such palaces that crumble to a ruined age,
Such garbled memories upon Fame's fragile page —
When all the lasting glory of our life depends
Upon a little Child, a stable and a star.

— Gilbert Emery *in "The Power and the Glory"*

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Book Reviews

Fundamental Psychiatry, by John R. Cavanagh, M.D., and James B. McGoldrick, Ph.D. 582 pages. The Bruce Publishing Co., Milwaukee 1, Wis. 1953. Price $5.50.
Reviewed by Evelyn B. Moulton, Lecturer, School of Nursing, Queen's University, Kingston.

This book, written by a psychiatrist in collaboration with a teaching psychologist, deals ably with the many facets of the complex personality. These authors feel that much of psychiatry and many of the psychiatric texts are imperfect because they are based on a materialistic philosophy of life. "Materialism," they say, "is a sandy foundation for psychiatry." A mind-body approach is used throughout this book in explaining human nature and in presenting facts concerning mental aberrations. An adequate philosophy of life is necessary for health and happiness, and for a meaningful exposition of psychiatric theories. Great emphasis is placed upon the part played by the will in the development of mental disorders.

The material is organized into seven parts. Part One describes the normal personality and indicates the extent of mental disorders. Part Two discusses the etiology of mental and emotional disorders. It includes the psychogenic nature of mental illnesses and the intellectual, emotional and volitional disturbances concerned in their etiology. Part Three indicates the importance of the psychiatric history and the mental examination. Information thus acquired can be an invaluable guide to the needs of the patient. Part Four deals with the psychoneuroses. Emphasis is placed upon the recognition of the psychoneuroses as real illnesses. At the same time it is important to realize that these conditions are not disease entities but are merely symptomatic. Therefore, say the authors, it is better to think of these disorders in descriptive rather than nosological terms. Etiology, clinical manifestations and treatment of the psychoneuroses are included. Part Five is devoted to the etiology, description and treatment of the psychoses. We are reasonably requested to think of the psychoses as disorders of the mind rather than as mental diseases. Part Six is devoted to "The Borderlands of Psychiatry." Certain conditions such as epilepsy, the psychopathic personality, mental deficiency and sexual disorders are described. These have perhaps, a more definite relationship to other fields of study such as neurology, education and sociology, and are therefore given only limited attention. Part Seven summarizes concisely ideas concerning psychiatry, philosophy and religion. It is reemphasized that psychiatry surely will fail if a materialistic viewpoint is maintained. This is a thoughtful chapter. The authors believe that to be successful psychiatrists and others must perceive and grasp a knowledge of man's goal. "The final cause or purpose of human existence is the praise, reverence, and service of God during the day of man's earthly career, and the reward, bliss and eternal joy thereafter."

This is a well-organized, comprehensive and thought-provoking book. It is interestingly written and sparked with grahic case histories. Each chapter is followed by an extensive bibliography which enhances the usefulness of this book as a reference text. This is not a nursing text but nurses engaged in psychiatric nursing, especially the advanced student, would find it helpful as a reference text.

The Care of Children from One to Five, by John Gibbens, M.B. 204 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 4th Ed. 1950.
Reviewed by Jennie Hocking, Staff Nurse, Metropolitan Health Committee, Vancouver, B.C.

This book is by a British doctor who has had much experience in children's and infants' departments in large city hospitals. Dr. Gibbens says in his preface that training is of supreme importance and he has purposely given a large amount of space to the guidance of the child's emotions, intellect and character. The material is addressed to parents and written in language that is easy to understand but in spite of this there are times when I felt more as if Dr. Gibbens were instructing or sharing his knowledge and experience with a group of fellow health workers. On one or two occasions he mentions conditions that are more often found among the poorer classes. Again he is talking to parents who would come for advice to the clinics and hospitals. It is children living in big cities

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whose difficulties and illnesses Dr. Gibbens discusses most. His frequent advice for various physical and emotional troubles is "a good holiday in the country."

There are 22 chapters in the book. The separate chapters on different phases of child behavior and development do not always make it clear whether or not the information applies equally to the one-year-old and the five-year-old. I do not think this book would be as helpful to parents as some others which discuss the child at various age and development levels and offer guidance to suit these particular stages. A great deal of sound advice and worthwhile reading for those interested in the pre-school child is condensed in this small book.

Medicine for Nurses, by M. Toohey, M.D., M.R.C.P., D.C.H. 588 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1953. Price $4.75.

Reviewed by Agnes M. Galvin, Instructor in Medical Nursing, St. Paul's Hospital, Vancouver.

Dr. Toohey's book achieves its object when judged in the light of the author's preface: "I have tried to make it as comprehensive as possible so that it may not only help the nurse during her training, but also serve as a reference book afterward. As the student grows in knowledge and understanding, so is this textbook built up from the simple to the more complex to suit her needs." This is true of each chapter as well as the whole book. Chapters dealing with disease of each body system have a simple introduction. Under clearly defined sub-titles will be found an excellent grouping of facts, management and treatment, a summary of salient points. Where needed there is a summary of medicines and/or of recognized laboratory procedures. It is amply illustrated with micro-photographs, both colored and black and white, fully explained x-ray productions, diagrams, and tables of related facts, often humorously illustrated. This book has six types of print. They are used consistently throughout the chapter sub-divisions greatly facilitating cross reference.

When previously explained facts and terminology recur, they are kept in constant review by a concise explanation in parenthesis or a page number reference. There is no bibliography, but with such comprehensive treatment of the subject matter, the lack is scarcely noticed. There are chapters devoted to pain and vomiting, coma, and important drugs. The latter includes what every nurse must know of the Dangerous Drugs Act and the Poisons Act and the management of drugs and poisons.

The book is conservative in outlook, always dealing with the known and the proven, barely mentioning the contribution the nurse must make to experimental treatment as practised today. As an illustration, the many new techniques used in malignant hypertension are dismissed thus: "It is not proposed to go into detail about the very many different drugs that have been tried . . . so far no particular drug has been discovered which has any lasting effect."

A chapter on Psychosomatic Medicine by Dr. H. R. Rollin, while easy to read, is too elementary in content to suffice for modern nursing requirements in a general hospital. However, my interest was stimulated and maintained throughout the book. I shall be glad to use it as an added text in teaching medicine to student nurses.

Law Notes for Nurses, by S. R. Speller, LL.B. 36 pages. The Royal College of Nursing. Henrietta Place, Cavendish Sq., London W.I, Eng. 1954. Price 3s/6d.

Reviewed by Nettie D. Fidler, Director, School of Nursing, University of Toronto.

The foreword to this booklet, written primarily for English nurses, states that it "has no more ambitious purpose than to offer guidance to members of the nursing profession on those points of law which may actually concern them in their day to day work." Throughout, the 'nurse' is limited to "anyone performing nursing duties in a hospital, whether matron or the latest student or assistant nurse."

There are sections dealing with the hospital, the patient (including care of patients' property, consent to operation, injuries to patients, professional confidence, etc.) visitors, poisons and dangerous drugs, the law of "Master and Servant." In short, within the hospital content, all the ordinary legal problems are discussed clearly though necessarily briefly. There does not appear to be anything that would be contradicted in Canadian practice, with the exception of regulations under the British National Health Services Act.

The author, while warning of the necessity for knowledge of and scrupulous carrying

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out of the law, seems well aware of the need for a sympathetic, and where possible, flexible application of this in dealing with patients.

A Dictionary of Midwifery and Public Health, by G. B. Carter and G. H. Dodds. 686 pages. British Book Services (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 1953. Price $5.00.

Reviewed by Florence H. M. Emory, formerly Professor of Nursing, University of Toronto School of Nursing.

Dealing primarily with midwifery as it is practised in Great Britain, this book is not a dictionary in the ordinary sense of the word, but rather a compendium in which the authors have defined a wide range of topics and offered descriptive material relating to each. Thus the nature of the material makes the volume a ready reference and valuable guide for all nurses concerned with the care of the mother and the infant, whether within the hospital or in the community at large.

Such matters as prematurity and breast feeding are dealt with in an illuminating manner while in some instances actual procedures relating to the mother during the puerperium and to the newborn are included. Worthy of special note are diagrams illustrating anatomical features, the development of the fetus and the early care of the infant.

Although the book has been compiled for midwives it will be welcomed particularly by those who accept the philosophy that all nursing may and should have a health flavor. To this end the authors have given an informative picture of public health legislation and administrative practice as they relate to midwifery. Explanatory notes on such matters as the National Health Services Acts (with an administrative diagram), the World Health Organization and the International Council of Nurses are included.

This is a comprehensive and significant work which will prove valuable as a reference to Canadian nurses who would improve standards of practice in all phases of maternal and infant health, and to those who seek to supplement their knowledge of health legislation and administration in a country which exemplifies progressive practice.

Wanderlust

(Concluded from page 996)

utilized too, for it is only an hour by train to the fine slopes of the Alps. We have not been disappointed in Switzerland. As Mark Twain once so aptly said "the further it recedes into the enriching haze of time, the more intolerably delicious the charm of it, and the cheer of it, the glory and majesty and solemnity of it grow." Wanderlust has become reality and we shall never regret it.

We plan to see more of Europe before we sail for home. Not only are we learning of a different medical world, but of the life of a people. I would recommend such an education to any who may have the desire, for it can be done!

Hemorrhoids

Hemorrhoids are no new problem to mankind. A "surgeon" named John Arderne, who died in 1380, had a lot to say about rectal troubles and the men they afflicted in his day. He found that knights fighting in the Hundred Years War dressed in shining armor and campaigning on horseback were especially plagued by rectal ailments. They must have been sorely distressed for Arderne in a treatise for the instruction of his young colleagues remarked that any man he treats, if "worthi," is to be charged a fee which is roughly equal to a couple of thousand dollars today, plus the annual stipend of "robes and fees of a hundred shillings a year so long as he lives." Poor knight with his glamorous trappings and prancing steed! What torture it must have been to ride all day in rough country. Today's salesman suffering with painful, itching hemorrhoids as he races cross country in today's hydromatic, fire-domed, foam-rubber-cushioned charger should experience not only an understanding sympathy with those knights of old, but also a sense of gratitude that the surgeon of today with all his superior training and skill, gives prompt relief for a reasonable price.

— *Miriam Lincoln, M.D.*

* * *

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Children's World

Children of the future may inherit the results of the present tendency to take a broader, more permissive view of imaginative fiction. Unfortunately, the opposite tendency, the desire to "improve" the minds of the young — i.e., to jam current beliefs and attitudes into them — is also on the increase. It is my own extremist theory that this may derive from a persistent fear of the child's potential, from a suspicion that, if let alone, children might eventually make this world a good and decent place in which to live — which would, of course, be one their parents would not recognize.

The child is traditionally regarded as something like a criminal undergoing rehabilitation: he questions and then does not accept the answers; he makes constant and vigorous attempts to alter that which strikes him as unfair and unjust; and he is regularly at odds with a world that he does not recall having made. Only after subjecting him for years to a barrage of what we adults know beyond dispute to be the true, the beautiful and the good, do we finally give him some measure of civil rights and allow him the first tentative steps outside the jailhouse of his minority.

— William Tenn, *in the Introduction to "Children of Wonder"*

Canadian Red Cross Society

The following are staff changes in the Provincial Divisions of the Canadian Red Cross Society:

BRITISH COLUMBIA

Appointments — *Elly Genz* (D.R.K. Pautuienhaus, Berlin) and *Natalie Nykiforuk* (Saskatoon City Hospital), both to Blue River. *Anna Marie Van der Zee* (Heerenveen, Holland) to Edgewood.

Resignations — *Doreen Bastable* (Royal Infirmary, Bradford, Yorks) from Blue River, *Molly Lee* (Prince of Wales Hospital, Plymouth, Devonshire) from Hudson Hope. *Winifred Raine* (St. James Hospital, Leeds, Eng.) from McBride.

Transfers — *Irene Hyde* (Grey Nun's Hospital, Regina) to Hudson Hope.

QUEBEC

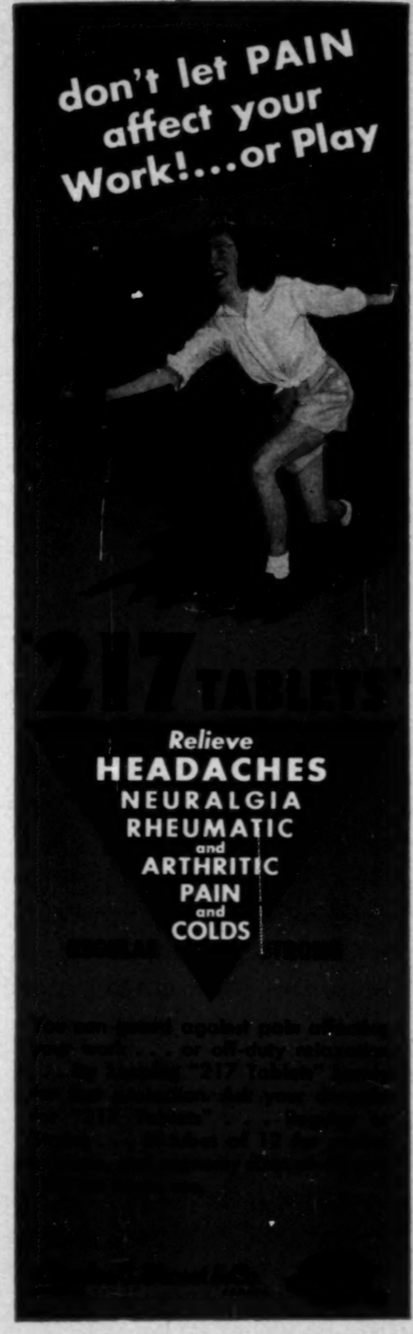
Leave of Absence — *Monique Drouin* from Douglastown to study with City Health

Dept., Montreal, for one month. *Therese Dumas* from Barachois to take public health nursing course at the University of Montreal on a National Red Cross bursary.

Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

Appointments — *Lenna Richardson,* (Hamilton Gen. Hosp., Univ. of Western Ont. cert. course and McGill), formerly with Wellington County health unit, as senior nurse, Stratford board of health; *Jean Andrews* (St. Joseph's Hosp., Peterborough, and Univ. of Toronto general course) to Galt board of health; *Edythe (Fuller) Blades* (Victoria Hosp., London, and B.Sc.N., U.W.O.), *Constance Leleu* (Ham. Gen. Hosp. and U. of T. gen. and advanced courses in administration and supervision), *Jean Plewes* (Ham. Gen. Hosp. and B.Sc.N., U.W.O.), and *Barbara Steven* (St. Jos. Hosp., London, and B.Sc.N., U.W.O.), all to Hamilton dept. of health; *Ethel (North) Bonter,* (Toronto Free Hosp., Weston, and U.W.O. cert. course), formerly with Simcoe Co. health unit, to York Co. health unit; *Margaret Donevan* (Kingston Gen. Hosp. and Queen's U.), *Ruth Edwards* (Hosp. for Sick Children, Toronto, and U.W.O. cert. course), and *Donna Parr* (U. of T. School of Nursing and gen. course), all to East York-Leaside health unit; *Geertruida de Haan* and *Adriana van den Berg* (both School of Nursing, Hilversum, Holland, and School of Social Work, Amsterdam), both to Oxford health unit; *Carolina van den Hul* (Netherlands Gen. Hosp. and Institute of Social Work, Amsterdam), *Hilma Aittoniemi* (State School of Nursing, Viipuri, and public health nursing, Oulu, Finland), *Ellen (McMorrow) Connor* (Grove Hosp., Tooting, Eng., health visitor certificate, Eng.), *Florence Moon* (County Hosp., Edinborough, Kent, Eng., health visitor certificate, Eng.), and *Gertruide Peppinch* (Municipal Hosp., Rotterdam, and School of Social Work, Amsterdam), all to Toronto dept. of public health; *Joan Kenny* (B.Sc.N., U.W.O.) and *Betty Minke* (B.Sc.N., McMaster U.), both to Peel Co. health unit; *Elisabeth van Laer* (School of Nursing and public health nursing, Utrecht, Holland) to Timiskaming health unit; *Jean Laughren* (Tor. Gen. Hosp. and U. of T.



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gen. course) to Ottawa board of health; *Kathleen Murphy* (St. Mary's Hosp., Montreal and McGill U.) and *Katherine Schubert* (McMaster U. School of Nursing and U. of T. gen. course), both to Simcoe Co. health unit; *Ruth McQuat* (Montreal Gen. Hosp. and McGill U.) to Muskoka district health unit; *Margaret Nealon,* formerly with Simcoe Co. health unit to Guelph board of health; *Irma Ternan* (Guelph Gen. Hosp. and U. of T. gen. course) to Wellington Co. health unit.

Resignations — *Rita MacIsaac,* as supervisor, Ottawa board of health; *Bernice Rowland,* as senior nurse, Stratford board of health; *Catherine Bovko* from York Co. health unit; *Jean Couture* and *Helen (Keon) Desjardins,* both from Timiskaming health unit; *Martha (Saari) McNeely* and *Marlene Smith,* both from East York-Leaside health unit; *Dorothy (Baxter) Rowat* from Northumberland-Durham health unit; *Elizabeth Wilson* from Scarborough Township board of health.

Victorian Order of Nurses

The following are changes in the Victorian Order of Nurses for Canada:

Appointments — Calgary: *Jean Wilson* (Univ. of Alta. Hosp.). Chatham, Ont.: *Shirley Leverton* (Victoria Hosp., London). Halifax: *Freda Gates* (Halifax Infirmary) and *Mary Schaffner* (Victoria Gen. Hosp., Halifax). Hamilton: *Margaret Martin* and *Katherine Pierce* (both V.H. London). Lachine, Que.: *Jeannine Giroux* (Hôp. St-François d'Assise, Quebec). Ottawa: *Helen Armstrong* (Royal Victoria Hosp., Montreal). Saint John, N.B.: *Constance Powe* (Saint John Gen. Hosp.). Sarnia: *Margaret Farrell* (St. Joseph's Hosp., London). Saskatoon: *Ruth Klymyshyn* (Saskatoon City Hosp.) and *Bruna Zorzes* (St. Jos. Hosp., Port Arthur). Sydney, N.S.: *Constance Gerrard* (V.G.H., Halifax) and *Georgie Lachowitz* (St. Martha's Hosp., Antigonish). Toronto: *Joan Armstrong* (V.H., London), *Margaret Burt* (Gen. Hosp., Southend, Essex, Eng.), *Rachella Heller* (Victoria Infirmary, Glasgow), *Jean Kobayashi* (Wellesley School of Nursing, Toronto), *Margaret Nelson* (Toronto Western Hosp.), *Helen Sanderson* (Montreal Gen. Hosp.) and *Dorothy Sigurdson*

(Winnipeg Gen. Hosp.). Truro: *Rebecca Mackley* (V.G.H., Halifax). Waterloo: *Hazel Moss* (R.V.H., Montreal). Windsor, Ont.: *Nancy Waller* (Hosp. for Sick Children, Toronto).

Transfers — In charge: *Eleanor Coburn* from Carleton Place to Arnprior; *Julia Gabris* from Sydney to Sackville, N.B.; *Ruth Garnham* from Newcastle to Collingwood, Ont.; *Mary McKenna* from Sarnia to Welland; *Thérèse Pelletier* from Ottawa to Lake of Two Mountains, Que.; *Sarah Ste. Marie* from Lachine, Que. to Edmundston, N.B.; *Joyce Wichmann* from Hamilton to Dundas, Ont. Staff: *Jean McGibbon* from Montreal to Winnipeg.

News Notes

ALBERTA

DISTRICT 3

CALGARY

The district meeting in September, attended by 23 members, was held at Holy Cross Hospital and conducted by the president, E. Shaw. A Fallis was chosen as one of two voting delegates to the annual meeting and the executive was appointed to select the second. It was also decided to invite Olds Chapter to send a voting delegate and Banff Chapter, a pooled one. Sr. C. Leclerc, R. Aikin, and F. Reid agreed to act as nominating committee. Later, a film, "Everybody's Handicapped," followed by a short talk on the Calgary Handicapped Association, stimulated interest and speculation in how much more able-bodied persons should be able to do if those handicapped can achieve so much. Refreshments were served by the sisters of the hospital and Mrs. Duthie.

BRITISH COLUMBIA

VANCOUVER ISLAND DISTRICT

Most of the chapters were represented at the October meeting of the district when D. Priestley gave an excellent account of the C.N.A. Biennial Convention at Banff and showed color films of the convention, its activities, and the magnificent surroundings that formed its background.

CHILLIWACK

General Hospital

A. Henderson, who has been acting director of nursing since the resignation of the matron, Miss Orton, has been appointed director of nursing and assistant director of nursing will be Mrs. E. Nutter, former matron of Prince George and Ashcroft

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Hospitals. Mrs. R. Watson will be acting director of nursing when required.

KIMBERLEY

A successful garden party on the hospital grounds sponsored by the chapter in September brought in $298 to be used in the purchase of an operating room table. A donation of $75 was made to a worthy high school graduate to assist her when she enters nurses' training in Canada. Five members attended the C.N.A. Biennial Convention in Banff.

NANAIMO

At a recent meeting of the chapter, aid for the opening reception of the Central Vancouver Island Health Centre's new building was offered to its auxiliary. Proceeds from booths and admission fees of the bursary tea held recently will furnish one bursary to be used to assist a high school graduate to enter nurses' training.

NEW WESTMINSTER

The September meeting of South Fraser Chapter started the season off with flying colors. Several members volunteered to share the responsibility of giving lectures in home nursing under the direction of the St. John's Ambulance. Mmes Matheson and Keyes gave interesting and amusing accounts of the R.N.A.B.C. convention and Mrs. D. Slaughter, delegate to the C.N.A. Biennial Convention in Banff, stimulated interest in the various speeches appearing in *The Canadian Nurse* when she gave her excellent introduction to the address by Prof. F. N. Salter. T. Lund, a graduate of Calgary General Hospital and public health nursing at the University of British Columbia, who has had many interesting experiences, was guest speaker. She showed slides and spoke of her work at a Sudan Interior mission in Ethiopia in company with a school teacher, a missionary and his wife. Members were inspired by the enthusiasm and zeal of the workers in this field.

TRAIL

The president, A. Baker, was in the chair at the October meeting of the chapter when M. Whittington was elected vice-president of the district replacing M. Cammert and Mrs. P. Gavrilik was appointed to the finance committee, since New Denver is no longer part of the district due to lack of sufficient members. A vote of thanks was extended to Mrs. McKenzie for convening the buffet dinner for the recent district meeting and it was decided to hold the April meeting in Trail. Dr. Alvarez announced that the present lectures will continue until April. Miss Whittington reported on a pediatrics meeting conducted by Dr. McQuary in Vancouver. Later slides were shown by Mr. J. C. Vipond from his collection of views of the Kootenays.

NEW BRUNSWICK

MONCTON

Nurses' Hospital Aid

Mrs. J. Innes, president, conducted the first fall meeting and upon completion of routine business, Mrs. K. Carroll reported on the "book marks" and Mrs. J. Barnett on the Maritime Hospital Aids Association convention in St. Andrews in the summer. Mrs. G. Shaw read an address delivered by Mrs. J. Cecil MacDougall, president of the National Council of Hospital Auxiliaries of Canada, at the convention. Mrs. W. Buxton, vice-president, was in the chair at the October meeting when Mrs. H. Henderson was chosen to purchase a sewing and washing machine for the student nurses and a rummage sale was planned.

SAINT JOHN

Louise Peters, president, chaired the October meeting of the chapter that opened with a moment of silence in memory of Mrs. G. Lewin. Dr. K. Rodger, guest speaker, chose as his subject, "Antibiotics, their place in the treatment of disease and their syndrome of toxicity and germ selectivity." W. Hoosier reported on the recent N.B.A.R.N. convention in Edmundston, the institutional section outlined plans for a panel discussion on accident cases, while it was noted by the public health section that three new members had been appointed to local staffs and another member was taking post-graduate study in Ontario.

A gratifying sum was realized from the recent pantry sale and will augment the funds of the nurses' registry. The resignation of M. Murdoch, representative to the Local Council of Women, due to ill health, was accepted with regret. Arrangements were made to place a wreath at the cenotaph on Remembrance Day.

General Hospital

The president, M. Moore, conducted the October meeting of the alumnae association when it was reported that the task of compiling the history of the school of nursing was completed though the editing was yet to be done. A pantry sale and the purchase of a wreath to be placed on the cenotaph on Remembrance Day were planned. Mrs. R. Parker described the work of the school for mentally retarded children sponsored by Beta Sigma Phi sorority.

A. Hanscombe, instructor of nurses for several years, has resigned to be married. E. McLeod has returned as an assistant instructor after post-graduate studies at the University of Toronto. Recent graduates taking post-graduate studies are: E. Leach, teaching supervision at University of Toronto; N. Wedge, operating room technique, and A. Thorne, obstetrics, both at McGill University. J. Crammond and A. Gilbert of the V.O.N. staff are pursuing further studies in public health, the former at University of Western Ontario and the latter at University of British Columbia. M. Todd has returned to private nursing locally after completing a year of general duty in hospitals in Lausanne, Switzerland and London, Eng.

St. Joseph's Hospital

W. Ruland, science instructor, was recently married and has been replaced by Grace Shannon who took a post-graduate course at McGill School for Graduate Nurses last year. Ann McGloan resigned as clinical instructor to enter the novitiate of the Sisters of Charity. Her post has been filled by Mrs. M. J. Kelly. M. Heenan, a graduate of the hospital and of St. Michael's Hospital school of medical record librarians, is assistant librarian in the medical records department. Diana Skinner, registered physiotherapist and a recent graduate of McGill University has replaced C. Hanley of Galway, Ireland, in the physiotherapy department. P. Davis, a graduate of Royal Cancer Hospital, London, Eng., is on the x-ray staff while M. Macauley is taking post-graduate study in England.

M. Horgan and A. Corkery completed post-graduate courses in surgery at St. Michael's Hospital, Toronto, and are on the operating room staff. R. O'Neil and R.

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Bowes, who have been nursing in California, have returned to Saint John while E. McGrand and E. Branscombe are on the staff of St. Michael's Hospital, Lethbridge. B. McNamara, on completion of an advanced course in mental health at McGill University and a teaching course in psychiatry at the State Hospital, Worcester, Mass., has accepted a teaching position in psychiatry at Verdun Protestant Hospital, Que.

NOVA SCOTIA

SYDNEY

The recent conference of the public health nurses of Nova Scotia at Xavier Junior College is the first to be held locally and was a part of the public health convention held later at the Isle Royale Hotel. Among the doctors who took part in the various discussions on nursing records was Dr. J. S. Robertson, provincial deputy minister of the Department of Health, while Carolyn MacDougall of Yarmouth and Maude MacLellan of Kentville presented papers on the work of the public health nurse.

ONTARIO

DISTRICT 1

CHATHAM

Public General Hospital

The monthly meetings of the alumnae association are well attended and the entire interest of the members is being directed toward the building of the new addition to the hospital — approximately $3,000 of the $5,000 pledged has been contributed.

Members of the graduating class were entertained at a supper party and each presented with the traditional white bible. The surgical award donated by the association was presented at the graduation exercises by the president, Mrs. R. Judd. A mammoth rummage sale was held recently and the annual monster bake sale and bazaar planned. J. Tinney was guest of honor at a tea on the occasion of her fiftieth graduation anniversary. The past president will receive her medal and Mrs. M. Labbitt of Detroit will be guest speaker at the annual banquet. L. Hastings has returned to her duties at P.G.H. after completion of her post-graduate studies at Western University. Alma Law and Marie Apfeld are with the R.C.A.F. and N. Collins with T.C.A.

WINDSOR

Riverview Hospital

Miss Mary Shand, superintendent of nurses since 1953, has resigned and plans an extended trip to the British Isles; later she may make her home in Vancouver.

DISTRICT 5

TORONTO

Women's College Hospital

The treasurer of the alumnae association, L. Bernache is attending the University of Toronto and her address is now: Nurses' Residence, W.C.H., 76 Grenville St. Members are urged to turn out for meetings and thus encourage the executive in their endeavor to provide interesting programs. D. Butt is on the nursery staff at W.C.H. Other members taking nursing courses at U. of T. include: S. Good, P. Bryant, R. Elliott, and N. Shomas.

QUEBEC

MONTREAL

Royal Victoria Hospital

A large number of nurses attended the October meeting of the alumnae association and heard Dr. J. Luke, guest speaker, deliver an interesting illustrated lecture on "Your Arteries and Veins."

M. Marshall is assistant head nurse, Ward E, while D. Willis is on general staff duty in the main building. C. Cobb has joined the staff of the R.C.A.F. Hospital, Rockcliffe, and H. Tidmarsh that of the Northern Electric Company in Montreal, as plant nurse. M. Lucas has accepted a position with an oil company in Arabia. D. McBeath is taking up public health studies at McGill University while M. Vice and M. McKillop are attending the University of Western Ontario. Among recent visitors to the hospital were: D. (Laycock) Howard, S. (Mackay) Stone, M. Peever, E. (Cooper) Atkinson, E. (Doremus) Van Buren, J. Dempsey, and J. Warrington.

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Night Supervisor, Head Nurses & General Duty Nurses for 147-bed Medical & Surgical Sanatorium. Salary dependent upon experience & qualifications. Residence accommodation if desired; transportation arrangements for those living out; 1 mo. vacation annually, sick benefits, etc.; time allowed for university study. For full particulars, apply Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

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Obstetrical Supervisor for 70-bed General Hospital. Salary: $200 per mo. & up, depending on qualifications. Good personnel policies. Apply Supt., Ross Memorial Hospital, Lindsay, Ontario.

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Public Health Nurse — Grade I — British Columbia Civil Service, Dept. of Health & Welfare. Starting salary: $255-260-266 per mo. depending on experience, rising to $298. Promotional opportunities available. Candidate must be eligible for registration in B.C. & have completed University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of province.) Cars are provided. 5-day wk. in most districts; uniform allowance; candidates must be British subjects under 40, except in case of ex-service women who are given preference. Further information may be obtained from Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Application forms obtainable from all Govt. agencies, Civil Service Commission, Weiler Bldg., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Victoria, B.C.

General Duty, Operating Room & Obstetrical Nurses. Salary: $200 for recent graduates Laundry. 8-hr. day, 44-hr. wk. — straight shift. $20 differential evenings — $15 nights. Vacation, sick time, statutory holidays on salary. Semi-annual & annual increments. Financial recognition for yrs. of experience, post-graduate or university study. Apply Director of Nursing, General Hospital, Winnipeg, Man.

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193 Sparks Street, Ottawa 4, Ont.

Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurse for General Duty in 31-bed hospital. Town of 1,800 population, situated on main C.N.R. & C.P.R. line to Edmonton — Highway 14. Gross salary: $215 less $30 for board & laundry; modern new nurses' residence; 8-hr. day; rotating shifts; 1 mo. holidays with pay after 1 yr. employment; usual sick leave with pay, etc. For further information, write Mrs. L. Webster, Matron, Union Hospital, Unity, Saskatchewan.

General Duty Nurses. Basic salaries: $210, $215 & $220. Vacation, sick time & statutory holidays on salary; annual increments & sick time cumulative for 3 yrs; Blue Cross & P.S.I. Plan; residence accommodation. Apply Director of Nurses, County General Hospital, Welland, Ontario.

Registered Nurse (1) immediately — Matron & Registered Nurse April 1. Modern, well equipped 7-bed hospital, newly opened in summer. Salary: Registered Nurse, $210; Matron, $255; both with $5 extra for each 6 mos. previous experience. Semi-annual increments of $5 to maximum of $260 & $305. Friendly, progressive town. Recreation includes swimming, tennis, boating, dancing, skating, skiing, good theatre. Apply Sec., Union Hospital, Rockglen, Sask.

Matron (Registered Nurse) for new 10-bed hospital. Duties to commence as soon as possible. Salary: $255 less maintenance; increase after 6 mos.; sick leave & statutory holidays. Apply J. F. Anderson, Sec.-Treas., Siglunes Medical Nursing Unit, Ashern, Manitoba.

Public Health Nurse for generalized program in Alberta East Central Health Unit (Hughenden Sub Office). Minimum salary: $2,520. Experience recognized up to 3 yrs. Annual increments. Pension plan; Blue Cross. For details, apply Dr. D. Mackay, Medical Officer of Health, Stettler, Alta.

Operating Room & General Staff Nurses for 155-bed Acute General Hospital, located in famed San Joaquin Valley. Starting salary: $275 per mo. — $10 monthly differential in surgery; regularly scheduled increases; 40-hr., 5-day wk; 2 wks. paid vacation after 1st yr.; 3 wks. after 3 yrs.; 1 mo. after 5 yrs; travel expenses refunded after 1 yr. employment. Write Administrator, Community Hospital, 1234 "S" St., Fresno 1, California.

Applications from Graduate Nurses are invited to fill the posts of Head Nurses at the West Coast Sanatorium. This hospital has 270 beds, a thoracic surgery unit and includes a fully equipped Out-Patient Dept. Salary commences at $2200 per annum on the scale $2100-100-2300. Accommodations are available in a new nurses' home for $40 monthly, deductible from salary. Uniforms and laundry services are provided free and the working week consists of forty-four hours, with 8-hr. duty; annual vacation is 4 wks.; statutory holidays and sick leave with pay are also granted. The town of Corner Brook, on the West Coast of Newfoundland, has a population of about 10,000 and all types of recreational facilities are available, both winter and summer. Apply Supt. of Nurses, West Coast Sanatorium, Corner Brook, Newfoundland.

Registered Nurses for 60-bed hospital, starting salary $160 plus full maintenance. 8-hr. duty; 28 days vacation; pleasant surroundings with excellent residence across from hospital; increment after 1 yr. service for 3-yrs. Apply Supt. of Nurses, Alexandra Marine & General Hospital, Goderich, Ont.

Public Health Nurse for well established generalized program in town of Hanover, Grey County, population 4,000. Salary: $2,600; allowance made for experience; 4 wks. vacation. Apply to D. D. Brigham, Sec., Board of Health, Hanover, Ontario.

Charge and General Duty Nurses for 80-bed general hospital. Good personnel policies. Apply Director of Nursing, Parry Sound General Hospital, Parry Sound, Ontario.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Junior Public Health Nurse wanted by the Foothills Health Unit, to be stationed in the town of Vulcan. Superannuation, car provided. R.N. Starting salary: $2400 x $120 to $3120; P.H.N. Starting $2600 x $150 to $3500; B.Sc. Starting $2700 x $150 to $3600. Could start on third increment if experience warrants it. Apply: Dr. E. M. Rowland, Foothills Health Unit, Box 380, High River, Alberta.

Public Health Nurses for generalized program with health unit; liberal car allowance and good personnel policies. Apply R. S. Peat, M.D., Medical Officer of Health, S.D. & G. Health Unit, 104 Second St. W., Cornwall, Ont.

Head Nurse for Surgical Floor, also **Graduate Nurses for general staff duty in Paediatrics, Medical and Surgical, Emergency,** immediately. Excellent working conditions; no split shifts; 44-hr. week; additional premium for 3:00 p.m. — 11:00 p.m. shift. Apply, giving past experience and references, to **Director of Nursing Services,** South Waterloo Memorial Hospital, Galt, Ont.

Registered Nurses for General Duty and Operating Room. 50-bed hospital. Good personnel policies. Apply Supt., Cobourg General Hospital, Cobourg, Ont.

The Sea Inside Us

We all know of the sea around us — the great oceans of the earth. But there is also an unseen sea inside each of us. This sea is the great volume of water that washes between and through all the cells of our bodies, and forms the basic material of blood and other body fluids.

Our bodies appear so solid and their functions are so complex that it may seem strange to realize they are composed chiefly of water. Scientists estimate that we are more than 70 per cent water. Up to four-fifths of the weight of our muscles is water, and even bones, traditional symbols of dryness, contain almost one-third water.

Most of this water is trapped inside the billions of cells that form our body tissues. A considerable proportion of it does not exist free in the body, but in chemical combination with other substances.

None of this fluid is pure water. The liquid *inside* the cells is filled with minerals such as potassium and phosphorus, as well as proteins, sugars and other important substances.

The liquid *between* cells is a rather salty solution containing a wide variety of dissolved materials. It is this extra-cellular fluid that is truly the sea inside us — for the percentages of sodium, chlorine and other substances it contains are almost identical with the percentages of the same substances in ocean water. This is true of the extra-cellular fluids of almost all forms of life, from fishes to birds to elephants.

Many scientists believe that life first arose in the oceans in some primitive form that used sea-water as a body fluid. Even more highly developed marine animals, like fish, depend on sea-water in this manner. When the first amphibian animal left the ocean and moved ashore to live, these scientists believe, the sea came with it — in its body fluids.

These liquids are constantly in movement from the inside to the outside of the cells and back again. The other great pathway of water exchange is from muscles and organs and other body tissues into the blood stream, and vice versa. Thus the water inside our bodies is something like a constantly shifting river that carries food, chemicals and waste products from one region to another.

Humans are constantly taking in water — and constantly losing it. Doctors have learned that unless this process is balanced, damage to health results. The chief source of water intake is by drinking — an average of 1,200 cc. a day for the adult. Another 1,000 cc. a day comes from the food we eat. Lean meat, for example, is 75 per cent water. Most vegetables have a high water content. Another 300 cc. is produced by various chemical reactions involved in the digestion of food.

We lose water constantly because it is an effective way to get rid of excess body heat and keep our temperature normal. About 25 per cent of the heat our body produces is expelled in clouds of water vapor through the lungs and through the skin. With every breath, in other words, we lose some water, as we can observe by the mist we exhale on cold days this time of year.

When we are more active — and therefore hotter — or when the outside temperature rises and makes us warm, we lose heat — and water — by sweating. Perspiration contains a considerable amount of salt, which our body needs. Prolonged and excessive perspiration therefore might result in illness.

In contrast, the donkey sweats almost pure water so that it loses very little salt through perspiration and can survive even under conditions of extreme heat. Other animals, such as certain lizards, are equipped by nature to live in extremely hot climates with skins that do not allow any moisture to leave the body, thus minimizing water loss. Dogs have no sweat glands and must depend on their lungs to blow off heat and water — which is why they pant when it is hot.

Scientists have shown that in some animals, the thirst-controlling mechanism is so accurate that a dog, for example, who is artificially deprived of a certain amount of water will drink exactly that much and then stop.

Although the lungs and skin are important routes, the major part of water that is lost each day is contained in bodily excretions. Abnormalities in the distribution of body fluids are characteristic of a number of diseases. In some cardiac conditions, for example, great quantities of fluid leave the blood stream and accumulate in the tissues as edema. The same thing may happen when the regulatory chemicals, the hormones, go awry.

Scientists have devised new ways of measuring body water in the tissues, and found out a great deal about its role in health and disease. But for all our medical knowledge, we still have much to learn about the sea inside us.

— *Science Information Service*

A Bit of Ingenuity at Breakfast

There's hardly anybody who won't sit down and eat a real breakfast if it's on the table. The most important item is to make it interesting. There are so many little variations that pay big dividends in appetite and enjoyment.

Take a simple thing like sandwiching crisp bacon in between hotcakes and pouring syrup over the whole. Isn't that fun for a change? It's better still if the syrup's warm. Or crumble the bacon into the batter sometimes. On another morning, add a fourth of a cup of broken walnut meats to the mix. There are so many good ways to dress them up — coffee pancakes, french pancakes, and corn pancakes made by simply folding in a cup of whole kernel corn, drained, of course.

Even bacon is better if it's cooked "with love." There are three ways to prepare it and maybe one method of cookery will suit the taste better than the others. If it's pan-frying, start with a cold skillet and take time to cook it slowly, turning occasionally. Try dredging the bacon in corn meal before you cook it. Perhaps broiling brings out the flavor best and seems easiest for you. Place separated slices on the broiling rack about three inches from the heat and turn it once. Baking takes about ten or twelve minutes in a moderately hot oven (400° F.) if you like it crisp and brown. This way seems especially good if large quantities have to be cooked. Regardless of how it is cooked, bacon is better served hot after it's drained on absorbent paper.

Heated syrup is better too — doesn't cool down the hotcakes. And to simplify the serving, why not melt an equal quantity of butter in with it? Some mornings you might try adding fruits and nuts to the syrup. Pineapple, orange and grapefruit juices are all delicious blended with butter and syrup.

Official Directory

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec Incorporated February 14, 1920.

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Under a new directive, approved by the Editorial Board of *The Canadian Nurse* and the Executive Committee of the Canadian Nurses' Association, the Official Directory henceforth will be published only in the **June** and **December** issues of the *Journal.*

The names of officers and committee chairmen listed in this Official Directory are correct, according to information available in *The Canadian Nurse* office prior to publication date. When new elections are held, the revised list should be sent to this office immediately. Do not forget to include the addresses of the *Secretary* and *Treasurer.* If it is not possible to type your lists, please PRINT THE NAMES. Alterations or corrections to appear in the *June 1955,* issue of the Directory should be received before **April 20, 1955.**

Address all communications to:

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